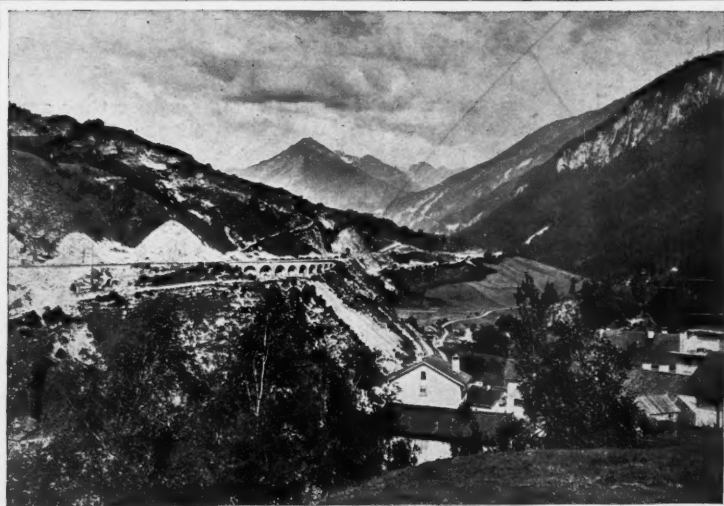


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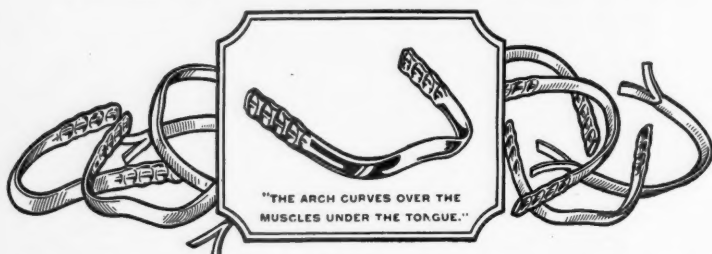
JUNE 1920



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THE DENTAL DIGEST

Vol. XXVI

JUNE, 1920

No. 6

Verdict Against a Dentist

Ethel L. Williams vs. Arthur N. Bauman, D.D.S.

The jury in this case brought in a verdict of malpractice against the dentist and awarded damages in the amount of \$20,000.00 with interest for four years. If the verdict is sustained, the insurance company will pay \$5000.00 of the verdict, leaving the dentist to pay \$15,000.00 and interest, or not less than \$18,600.00. The consequences of non-payment of a verdict may be very serious and will be dealt with in an article after the testimony in the case has been completed.

In order to get before the profession the essential facts in this case and the summary of nearly four hundred typewritten pages of testimony, it is desirable to condense certain portions of the testimony as much as possible. It is to be understood that this summary, as it appears here and in the following issues, is not a legal document. It has been made by the editor of the magazine. In those parts of the case which seemed to the editor most important, the testimony is produced verbatim.

It is strongly urged that dentists retain the complete files of the magazine containing the reports of this case. The experience of the medical profession shows that whenever a malpractice suit has been successfully prosecuted, a series of malpractice suits spring up in that vicinity. If the verdict is sustained in the higher court and this case becomes a precedent, there will undoubtedly be a large number of malpractice suits against dentists. They will be easier to win and more difficult to defend than formerly. If such a suit is instituted, a knowledge of the conduct of this case and of the results, may enable the dentist to be of great assistance to his attorney.

If this verdict is sustained, certain conclusions of the utmost importance to each dentist and to the public will be presented in subsequent issues. Even if the verdict is not sustained, a number of very important conclusions appear to be justified and should be known by all dentists. It is very improbable that back numbers of the magazine will be obtainable, and as he may have need of this information, it will be better to preserve them as they are received. (EDITOR.)

A BRIEF SUMMARY OF THE FACTS

It appears, from a study of the evidence, that the suit in this case is not based upon a difference of contention as to facts. The prosecution appears to have accepted the facts as testified to by Dr. Bauman,

who was examined on July 11, 1919, for the purpose of getting his evidence into the record in legal form. The evidence thus obtained at this previous examination was read in part into the record at the trial in the New York Supreme Court, held at Westchester County, White Plains, New York, on March 25, 1920. The suit seems to be based upon the belief by the plaintiff that Dr. Bauman made a wrong diagnosis of the conditions in and about the tooth, applied a wrong method of treatment, and that by reason of the incorrect treatment death of the patient from septicemia resulted about one month after the last treatment. The facts, condensed from Dr. Bauman's testimony, are substantially as follows:

On the evening of February 18, 1916, Mr. Emmet Williams, twenty-three years old, called upon Dr. A. N. Bauman, who was graduated from the New York College of Dentistry in 1905, passed the State Board the same year, and has been in continuous practice of dentistry in New York State since that time. Mr. Williams stated that he had returned to Dr. Bauman, because Dr. Bauman had served him satisfactorily upon previous occasions. The testimony of Ethel L. Williams shows that Dr. Bauman had done satisfactory work for her and for other members of Mr. Williams' family.

Mr. Williams stated to Dr. Bauman that he was not feeling well, that he was losing weight, that he was suffering from pains in the back of his head, and that he had been advised to have his teeth examined.

Dr. Bauman found a loose amalgam filling in the occlusal surface of the upper right first molar, and upon removing it found the pulp exposed and dead. There was no sign about the tooth of inflammation, swelling, pain, sensitiveness, or fistula, and no sign in the tooth of the presence of pus.

Following some conversation, during which Dr. Bauman claims that he recommended an X-ray, because of the systemic conditions, though the recommendation of the X-ray is not shown by the evidence to have occurred at this first visit. Dr. Bauman applied the rubber dam, placed a pledget of cotton soaked in formo-cresol in the cavity, and let it remain for several minutes, and then removed part of the pulp material from the chamber. The condition of the pulp is not shown in the evidence, but Dr. Bauman states that it was drier and harder than a live pulp, but there was no sign of pus formation. He then again applied formo-cresol, let it stand a few minutes, and removed some more of the pulp material. He then placed a pledget of cotton saturated with formo-cresol in the cavity, sealed it in with gutta-percha, and gave the patient an appointment to return two days later.

The patient did not return until the evening of February 25th. Dr. Bauman then applied the rubber dam, placed a pledget of cotton saturated with formo-cresol in the cavity, let it remain a few moments,

removed more of the non-vital pulp tissue, cleaned the root canals a little deeper, placed formo-cresol for a few minutes on cotton within the chamber, and then inserted cotton points saturated with formo-cresol a little way into the root canals; placed a pledget of cotton saturated with formo-cresol in the chamber, sealed the cavity with gutta-percha, dismissed the patient, and told him to come again in two days. At this time there was no indication of inflammation or pus.

The patient did not return until the evening of March 14th. Dr. Bauman then applied the rubber dam, placed a treatment of formo-cresol in the tooth for several minutes, removed it, dried out the cavity, inserted cotton soaked in alcohol into the pulp chamber and root canals, and used warm air. He then filled the root canals with chlora-percha and gutta-percha points, using root canal pluggers, and sealed the cavity with oxyphosphate of zinc, removed the dam, and dismissed the patient. On this occasion there was no indication of pus in the tooth or irritation, inflammation, or swelling in the gums about the tooth. The evidence shows that on this occasion Dr. Bauman advised the patient to have an X-ray photograph taken. The patient declined to go to the expense, saying that he did not think it was necessary. As far as Dr. Bauman knows, no X-ray was ever taken. At this time, February, 1916, Dr. Bauman did not himself take X-ray photographs. It would have been necessary for Williams to obtain such a photograph, to go out of town.

On March 25th, Dr. Bauman placed a gold cap crown upon the tooth. At this visit an examination of the tooth and gum failed to show any indication of inflammation, irritation, or pus. On the 27th, the patient returned complaining of pains in the back of his head, of which he had complained on his first visit. There was no sign in the tooth or about the tooth of any trouble, but on account of the systemic conditions Dr. Bauman removed the gold crown, the filling in the crown of the tooth, the filling in the root canals, placed a pledget of cotton saturated with formo-cresol in the pulp chamber, sealed the cavity with gutta-percha, and dismissed the patient. The gold crown was not replaced. That was the last time that Dr. Bauman saw Mr. Williams except at the hospital shortly before his death.

It was shown by the testimony of others that Mr. Williams' general physical condition grew steadily worse, and he died in the New Rochelle Hospital of general septicemia on April 28, 1916, about two months and ten days after his first visit to Dr. Bauman.

GENERAL PHYSICAL CONDITION

Edward M. Clarke, M.D., being duly sworn, testified to the effect that he had been engaged in the practice of medicine in the town of Mamaroneck, New York, in which Emmet A. Williams resided, for

about thirty-two years, and that on September 17, 1915, he, in his capacity as examining physician for various life insurance companies on application for life insurance, gave Emmet A. Williams a thorough physical examination, including an examination of the blood, heart, lungs, urine, and internal organs; that he found him in excellent physical condition, but that the first examination showed a small trace of albumen in the urine, and that in such cases it is his invariable custom to make three subsequent examinations of the urine and find them free from albumen, before passing the application for insurance. He made three subsequent examinations, found them free from albumen and passed Williams.

TESTIMONY OF THE FIRST ATTENDING PHYSICIAN

John F. Hunter, M.D., called in behalf of the plaintiff, being duly sworn, testified in substance, as follows: That he had practiced medicine in Mamaroneck for about thirty years; that one night in the spring of 1916 he was called to see Mr. Williams at his house at about half-past six or seven. He was unable to fix the date, but believed it to be two or three weeks before the death which occurred on April 28th, which would bring the visit about the 7th or 14th of April.

Dr. Hunter found Mr. Williams in bed, suffering a great deal of pain, moaning and crying out. He complained of a pain in the upper right jaw. Dr. Hunter made an examination and found that the gum was red and inflamed. Dr. Hunter saw Mr. Williams again the next morning, still in bed. He found the face and gum very much swollen, showing the beginning of the formation of an abscess, indicating the upper right jaw. Dr. Hunter did not take the temperature, but could tell from feeling the skin and pulse that there was a temperature caused by the pain. The color (probably of the face, though this is not specified) was red and inflamed as compared with the color of a physically normal man.

Dr. Hunter prescribed morphine and bromine to relieve the pain, and hot applications to the face and advised the removal of the tooth.

Dr. Hunter saw the patient on the following day. The abscess had then broken, the temperature had subsided, the swelling had gone down. Pus was discharging on the upper right jaw, slightly to the rear of the nostril, inside the mouth. Dr. Hunter prescribed a mouth wash, and ordered the tooth to be removed, if possible.

Dr. Hunter saw Mr. Williams two days afterwards. He was then up out of bed. The pain and swelling had subsided, but he complained of soreness in the right side of the upper jaw. Dr. Hunter examined the mouth and prescribed a solution of warm witchhazel as a mouth wash. Dr. Hunter testified that this tooth bore a gold crown on the occasion of his last visit.

Dr. Hunter's opinion seems to be that at the end of about five days Mr. Williams did not need a medical man any more, but that he was on the way to being cured or obtaining complete relief. He did not call again because he received a note telling him not to come again.

TESTIMONY BY THE SECOND ATTENDING PHYSICIAN

John S. Reardon, M.D., witness called by the plaintiff, being duly sworn, testified in substance as follows:

Dr. Reardon was graduated from the Medical School of the University of Michigan in 1912, and had one year of service in a hospital at Dayton, Ohio. He began practice in New Rochelle in January or February, 1914, about two years before Mr. Williams presented himself to Dr. Bauman for treatment.

On April 9, 1916, Dr. Reardon was called to attend Mrs. Emmet Williams in a confinement. The testimony shows that he had never seen either Mrs. Williams or Emmet Williams prior to that day. Emmet Williams was at the house, for at least a part of this day, but did not ask for medical attention, and no other member of the family mentioned to the doctor that Mr. Williams needed medical attention. Dr. Reardon, however, noticed that he looked sick, feverish, that he was complaining of pain, his face was flushed, and he was just dragging himself about the house.

The pain complained of was in his head, and Dr. Reardon examined the head. He found some abscesses about the size of a goose egg on the back of the scalp, at the point where the head projects furthest back. Dr. Reardon put Mr. Williams to bed, put some hot applications on his head, and gave him something to relieve the pain. This was on April 9th. The doctor kept him in bed during the next day and kept the hot applications on. On this day, also, at Mr. Williams' home, he opened these abscesses. There was a profuse pussy discharge from them, and also a yellowish mucous, pussy discharge from the nose.

On or about April 11th, Dr. Reardon had Mr. Williams taken to the New Rochelle Hospital where he remained until his death on April 28th, from septicemia.

A Wasserman test was made to determine whether the origin of the abscesses might be syphilitic. The result was negative, and this was regarded as conclusive evidence that the man did not have syphilis. There were no other abrasions on the body.

Following the lancing of the abscesses on the head, they had been left open to drain and into one an antiseptic had been syringed.

Dr. Reardon examined Mr. Williams' mouth and found a blister on the first upper right molar. The gum was shrunken and white and looked as if it had been swollen. While Mr. Williams was in the hospital, Dr. Reardon examined the molar and it remained the same in ap-

pearance. Pus continued running (probably from the incisions into the abscesses, or perhaps from the nose) for three or four days, and during this time the tooth did not change at all. The following three questions and answers are reproduced verbatim from the direct examination.

Q. And while the pus was running, did the tooth change at all?

A. No.

Q. Now, in making your examination of the man's body for the purposes of determining as to the cause of this septicemia, did you discover anything which in your opinion was the cause of that septicemia condition?

A. The tooth.

Q. Was there anything else in or about his body, so far as you were able to ascertain, which would be a competent cause for this septicemia other than the condition of the first upper right molar?

A. No.

On cross-examination by the attorney for the defense, Dr. Reardon stated that he thought from the beginning that the tooth had been connected with the condition that he discovered in Mr. Williams, and that "later on" he had a talk with Dr. Bauman concerning it, in which he told him that he thought the tooth was the cause of Mr. Williams' trouble, and believes that he told Dr. Bauman that he could not find anything else that caused it. He admitted that his practice up to the time when he was called in to administer to Mrs. Williams had been very limited.

Shortly before Mr. Williams' death, Dr. Reardon, acting on the advice and under the supervision of a surgeon of standing and experience, made three or four incisions into the scalp in the back part of Williams' head.

Questioned by the Court, it developed that the first two abscesses had been on the occipital bone and that four or five days after these were opened, Dr. Reardon found similar abscesses on top of the skull, and these were the ones opened by the incisions just described.

Dr. Reardon disclaimed ever having suggested to anyone that Dr. Bauman's work in connection with Mr. Williams had anything to do with Mr. Williams' death. And in response to further questions he declined to make it plain that Dr. Bauman's work was responsible for the death.

Dr. Reardon stated that in his opinion the tooth was the cause of Williams' death by absorption of poison.

Dr. Reardon stated that about two days before Williams died, he talked with Dr. Bauman about the tooth and expressed the belief that it ought to come out, and Dr. Bauman said that he was willing to pull

it at the time, but Dr. Reardon thought that the boy could not stand it, that he was too sick to have the tooth extracted.

Dr. Reardon testified that from the time of the first incisions into the scalp the temperature kept going higher and the chills were more severe, in spite of the use of anti-streptococcus serum during the week preceding death.

Mr. Frank Walton, witness called in behalf of the plaintiff, being duly sworn, testified in substance as follows:

Mr. Walton was connected with the Famous-Players in 1915 and 1916, and worked in the same studio as Mr. Emmet Williams, who was camera man with Miss Mary Pickford's Company. Mr. Walton testified that Mr. Williams was said to be receiving \$75.00 a week for salary, and that the value of his services today would probably be from \$250.00 to \$300.00 a week. (Note: The purpose of this testimony was to show what money loss Mrs. Williams sustained through the death of her husband. This is an important factor in suits for damages by malpractice.)

Ethel L. Williams, the plaintiff, being duly sworn, testified, in substance, as follows:

She testified that at the time of his death Mr. Williams was twenty-three years old. She had known him since 1909, had not known of any illness, and knew him to be a steady young man of clean habits. Before Mr. Williams went to Dr. Bauman, he had said that the tooth bothered him, but had not complained of pain anywhere else. After going to Dr. Bauman he did not complain of pains elsewhere than in the tooth.

In response to questions by the Court, she stated that Mr. Williams went to work every day until the cap was put on; that he went back to work two days after the cap was put on, and was sent home again, and the cap was removed. He never went back to work after the cap was removed. After the cap was put on, she noticed that his face was swollen. Her testimony showed that Dr. Bauman had done work previously for Mr. Williams, for herself, and for members of his family, and that this work was satisfactory. Mr. Williams never complained of the tooth until after he started the treatment, but told her that the filling was cracking off and he wanted to have it refilled. He never told her that it bothered him in any other way.

After the cap was put on Dr. Hunter was called, because Mr. Williams thought he would have to have some one relieve him. Mr. Williams did not go back to see Dr. Bauman, but Mrs. Williams testified that he called Dr. Bauman on the 'phone. She was unable to state that Mr. Williams asked Dr. Bauman to come to see him.

Mrs. Williams denied having sent word to Dr. Hunter that he need not come again, and did not know that such word was sent until Dr. Hunter testified to it in court. She knew, however, that her husband

was relieved from the pain and swelling by the treatment given by Dr. Hunter.

She testified that Dr. Reardon was in attendance upon her during April 9th, that he returned the next day, alone, and made, as far as she knew, one incision in the back of her husband's scalp.

In the course of examination Mr. Syme called the attention of the Court to the prospective life of the patient according to the mortality tables, and the fact that a person twenty-three years of age has an expectancy of life of 39.70 years, and that a person twenty-four years of age, the age of the wife at the time of Mr. Williams' death, has an expectancy of 38.59 years.

The foregoing pages summarize the testimony taken previous to that given by two dentists from New York City, who appeared as experts for the plaintiff. This synopsis of the testimony has been necessary in order to enable our readers to understand the case properly, and to realize the very great importance given to the testimony of these dentists who appeared in the capacity of "expert" witnesses.

It is expected that a summary of the testimony of one of the two dentists who appeared as witnesses for the plaintiff will be given in the July issue, and if space permits, the testimony of both of them.

It appears to the editor of this magazine that the verdict reached by the jury must have been arrived at almost entirely as the result of this alleged "expert" evidence. If such "opinion" evidence is to be allowed to stand uncontroverted, no practitioner of any branch of dentistry will be safe in the practice of any operation in which there is the slightest opportunity for unfavorable manifestations at any future time. This includes all forms of operative dentistry, orthodontia, the making of radiograms, the taking of impressions, and the making of crowns, bridges and dentures. From least to greatest, we are now all in the same boat.

Every effort will be made to get the July issue to subscribers on time with as much of the dental testimony as possible. In the meantime, please read the article immediately following.

Something To Do In Your Own Interests, Promptly

This case is one of the most important to the dental profession that has occurred for many years, because if this verdict is sustained it places every practitioner of every form of dentistry in danger of the successful prosecution of malpractice suits upon very slight grounds. The welfare of the profession and of the general public requires that

this verdict be reversed, first by securing a new trial, if that is possible, and if a new trial is obtained, by presenting at that trial such a mass of dental evidence as will clearly establish what is right and proper in dental diagnosis and service, under conditions similar to those presented by Mr. Williams' tooth.

Because of this importance to the welfare of the profession and of the public, the DENTAL DIGEST is spending thousands of dollars in bringing this case to the attention of every dentist, and proposes to assist in the collection of evidence which can be presented if a new trial is obtained in this case, or which can be available to dentists everywhere if this verdict is sustained and malpractice suits become general.

It would have been advantageous, for some reasons, to have presented all of the evidence in this issue, but it must be remembered that there are many regular subscribers who will refuse to interest themselves in this case, and that they have a right to have matters pertaining to their interests presented in the same issue. Sufficient evidence has been presented in this issue to clear the way for the evidence of at least one of the "expert" dentists in the next issue.

A study of the evidence which is yet to come, seems to indicate that this verdict was based upon the testimony given by two reputable members of the dental profession testifying in behalf of the plaintiff. Their testimony was to the following effect:

That the X-ray picture furnished a positive means of diagnosing apical conditions about the upper first molar.

That the amputation of the ends of the roots of the upper first molar was an ordinary and successful operation in 1916.

That the use of formo-cresol in the treatment of chronic conditions in non-vital teeth is evidence of the lack of knowledge of the principles of dentistry and carelessness in its practice.

If a new trial can be obtained, it would be advantageous to be able to present to the court evidence selected from thousands of practitioners on these points. As dentists cannot appear in person by thousands, it is desirable that we have their written evidence to be available in supporting the defense. Do you want to aid in presenting this? Will you please write the following statement upon your own letterhead, sign it, and send it to me? Please do not write anything else in the first part of the letter, as the uniform character of the letters will make classification of the responses much easier and much more intelligible to the court. If you wish to add anything to the mere statement, please place it after these statements and before your signature. These statements will not be used in any way to involve you in the slightest legal responsibility or undesirable publicity. Please use either a positive or negative form of the statement, as follows:

X-ray pictures were (or, were not) a regular part of my diagnostic service in February, 1916.

The X-ray picture will (or, will not) afford a positive means of diagnosing conditions about the apices of upper first molars.

If in 1916 patients declined to have such pictures taken, I refused (or, did not refuse) to work for them.

Amputation of the apices of upper first molar roots is (or, is not) a frequent, successful operation in my practice.

In 1916 I used (or, did not use) formo-cresol in the treatment of conditions such as those described by Dr. Bauman.

I still use formo-cresol in such conditions (or, do not use formo-cresol in such conditions now).

My experience has been that the use of formo-cresol in such conditions is satisfactory (or, is not satisfactory).

I do not believe (or, do believe) that the use of formo-cresol under such conditions would be a competent producing cause for general septicemia.

Watch for the testimony to come with the July issue and present it to your society for action. Some societies have already acted.

If you are willing to help to the extent of writing these questions and answers and sending them, please do it before you forget. It will take some time and trouble, but it may prove to be one of the most profitable hours you have ever spent. If you are sued on similar grounds, I will try to have the accumulated information available for your benefit.

GEORGE WOOD CLAPP,
220 West 42nd St., New York.



A Simple Method of Classifying Face Forms*

By J. A. Wavrin, D.D.S., St. Louis, Mo.


 THE type and form of any normal face can be determined in a very few moments. The dimensions of the upper central incisors most suitable for that face, when all conditions are favorable, can also be readily determined. The technic can be learned in a few minutes. No previous study is essential. One is thus enabled to apply to his practice all the fruits of recent researches in tooth form and make for his patient restorations of a naturalness heretofore possible only to the artistic few.



Fig. 1

Some years ago there was published in this magazine the illustration in Figure 1. The accompanying text said that the slope of the "cheek lines" was the most important factor in determining the type and form of the face, and this slope could be determined by applying two straight edges to the tissues over the condyles and the prominences just anterior to the angles of the jaw. One was then to compare the slope of the rulers to the slope of the cheek lines in certain illustrations representing typical cases and by the parallelism or convergence of these lines to determine the type and form of face.

* This is the first of three articles on this subject. The others will appear in the July and August issues.

This set me thinking as to whether it was possible to continue a device by which to avoid the necessity of referring to the illustrations, and I made many efforts to devise some way of registering and reading the amount of convergence shown by the rulers. Dr. W. C. Dalbey of Du Quoin, Illinois, worked along the same line and an apparatus de-



Fig. 2

signed by him was illustrated and described in this magazine for January, 1918. Figure 2 shows a patient with the Dalbey device in position and the form of tooth indicated.

The invention by Dr. Dalbey seemed to me susceptible to certain

changes which I believed would be improvements. A combination of his device with these changes is illustrated and described herein (Fig. 3).

The bars numbered 2 and 3 of this device take the place of the rulers shown in Figure 1. The principal change comes in connecting the bars which replace the rulers by a horizontal bar, in the lengthening of Bar No. 2, and the placing of the pointer at right angles on it,

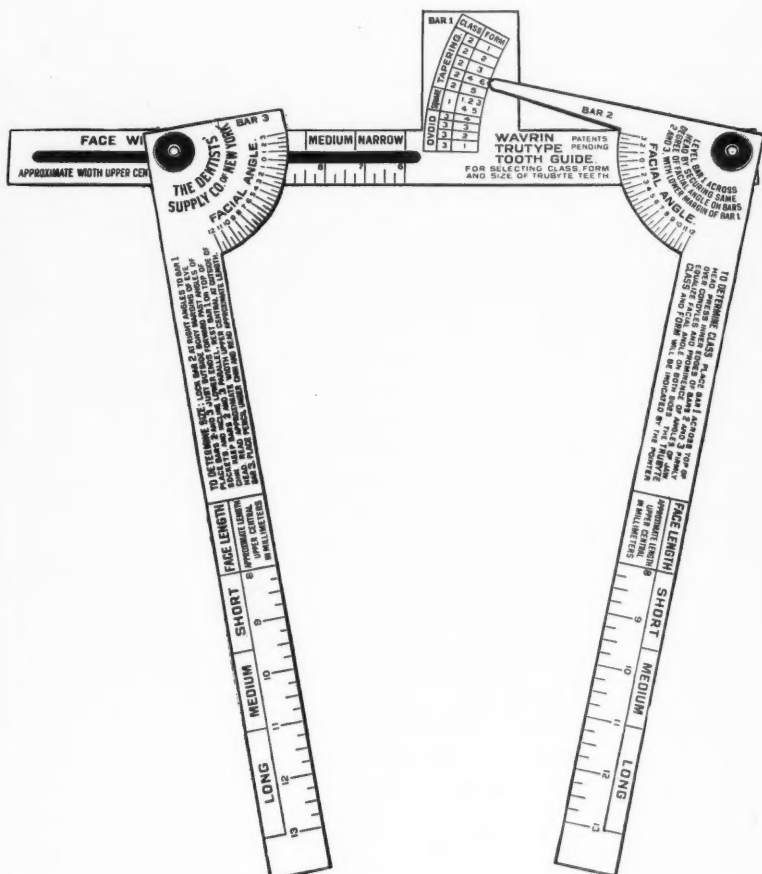


Fig. 3

and in the design and placing of a table upon which the pointer registers. When Bars 2 and 3 converge at equal angles to the lower margin of Bar 1, the type and the form of the type may be read at the end of the pointer.

One of the greatest difficulties in arranging this device was the establishment of a median line with which the slope of Bars 2 and 3 could be compared. This was satisfactorily gotten around by placing a graduated scale at the upper ends of Bars 2 and 3, to be read against the lower margin of Bar 1. This scale is called "The Facial Angle." When determining the type of a face, the Facial Angle should be alike on Bars 2 and 3, as read against the lower margin of Bar 1.

Many faces are more or less unlike on the two sides, what the anatomist calls "asymmetrical." When the asymmetry is slight, it is very easily corrected by slightly varying the pressure on Bar 2 or Bar 3 until the Facial Angle is alike on both sides. When the asymmetry is marked, it will be necessary for the dentist to make a definite allowance for it, whether any device of this sort is used or not. With this device an average of inclination between the unlike sides can be more quickly and accurately gotten than with the unaided eye.

ACCURACY IN DIAGNOSIS

When the device had reached its present form, I took it to New York in order that those who had interest in it might check its accuracy. Dr. Clapp selected 46 people, presenting a wide range of face forms. He made a written classification for each face before using the appliance. He then applied the Trubyte Guide to each face. In 44 cases out of the 46 it confirmed the classification previously made. In one case it improved the classification and in one case he was unable to accept the classification because of the convexity of the soft tissues between the condyle and the angle of the jaw.

The case in which the classification was improved was that of one of his assistants, a face form with which he felt thoroughly familiar and which he unhesitatingly classified as Class II Form 2, because it is tapering, is apparently less than medium wide in proportion to length, and the cheek lines are concave. The Guide showed the face to be of Class II, Form 4, and when Trubyte teeth of Forms 2 and 4, Class II, were compared with the face, he accepted the classification made by the Guide as better than that made with the eye. He writes me that two similar cases have since occurred.

WHAT ABOUT THE ARTISTIC DENTIST?

No one will more quickly than I concede that there are men in the profession to whom this Guide may be of comparatively small value, yet I wish to say in a still, small voice and as modestly as I can that it will often be of much greater value to such men than they or any one else could believe before a trial. The test described above was made by one of the originators of the Trubyte System, a man who has spent years in this particular work and who probably knows more about it

than any one except Dr. Williams. Yet he volunteers the statement that in difficult cases it sometimes improves upon his classifications.

The fact seems to be that the width of the face at the level of the condyles is very much more important than has been generally thought. The difficulty of recognizing this width in proportion to the length is much greater than one imagines. It is made so by the contour of the face, the amount and placement of soft tissues, and the proportions and curvature of the skull.

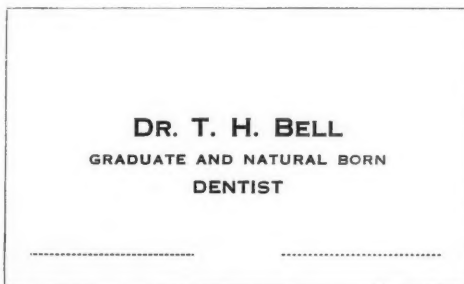
Whatever may be the changes in the quantity and placement of the adipose tissue, the general character of the face will be determined by the proportions and form of the underlying bony framework. These are recorded by the Guide better than they can be seen by the eye.

The Guide can also be used to determine the length and width of the upper central best suited to the proportions of the face. That story will be told next month.

A "Natural Born" Dentist

It is well known that some people are born great, and some people have greatness thrust upon them. It is not so generally known that some people are born dentists. It has usually been supposed that the dental part of one's intellectual manifestations was thrust upon a person, after he was born, by an energetic and highly-trained college faculty.

This impression seems to be wrong. Some people are born dentists. If you do not believe it, read the following card recently received by the editor:



Those of us who got what little we know about dentistry by hard work, and who are sometimes not so sure that we are really dentists after all, will readily concede, that Dr. Bell has a great advantage.

If there are any more natural born dentists still living, let us hear from them, and let them tell us how they know it.

Industrial Dentistry

By Louis P. Cardwell, D.D.S., Chicago

In charge of Dental Clinic Armour & Co., Chicago

"Industrial dentistry" is a comparatively new effort to improve efficiency in the world of labor which is fast proving its great value to both employer and employees.

It is not a charitable proposition forced on the employe by a paternal employer. On the contrary it is a business proposition of immense value equally to the man who furnishes the cash for the payroll and the man who supplies the labor for the product.

The Armour plant requires its dentist to devote all his time to the employes, take care of all emergencies, stop all toothache, extract all teeth necessary, have X-ray pictures taken for diagnosis, examine and advise in every case and last but not least, thoroughly clean and put the mouth in a clean, healthy condition.

Further, the dentist explains in detail all that pertains to a case in language clearly understood by the patient, so that when he presents himself to his own dentist for fillings, crowns, bridges or plates, he is thoroughly informed on the requirements of his case and just about what it is going to cost him.

The patient presents a clean, healthy mouth for his own dentist to work in, and the dentist, realizing that his patient appreciates the necessity and value of the work to be done, approaches his task in a much more sympathetic frame of mind that is the case where he has to do all the explaining himself and at the same time sell a bill of dentistry to the prospective patient with a mouthful of bad teeth that are painful, diseased and very often foul with heavy deposits of tartar.

During the past two years, more than four thousand individual cases have been cared for by the dental department. Every patient has been told the particular requirements for his or her case, the best way to correct conditions and how to take care of the teeth in the future.

Warning


(Courtesy of Dr. George B. Snow)

From Buffalo comes the following warning:

Look out for that smooth gentleman who wants a lower denture made, gets the impression taken, gets out of the chair and hands you a bogus check for \$32, saying he will make a deposit of \$15, and you hand him back the change in U. S. money. This has been worked about eight times in the last few weeks.

A Full Denture Restoration

By W. S. Heermans, D.D.S., New York, N. Y.

HE full denture case illustrated on the following pages is one of the cases carried through the laboratory of The Research Division of The Dentists' Supply Co., in the process of developing and teaching the denture technic illustrated and described in the first volume of Professional Denture Service, which is being extended in volume two, now in course of preparation.

The pictures are shown here in the thought that they may be of assistance to dentists who are seeking to persuade patients to accept really professional service. The first effective step in such persuasion is to get into the patient's mind a perception of the appearance when edentulous and the possibilities in restoration.

These pictures seem to me to present these feature changes better than any others I have seen. It was originally planned to offer them as stereoscopic photographs, which enormously increases their teaching value, but the cost of producing them is such that a series of about 15 pictures would have to sell for twenty-five dollars, and it is doubtful if enough dentists would care for them at that price to justify their production.

No intelligent or thoughtful person, and no person to whom personal pride means anything or whose appearance is a factor in social or economic activities could be satisfied to appear as in Figures 3 and 5 following, when they may appear as in Figures 4 and 6. No person while edentulous can avoid an approach in some degree to Figures 3 and 5.

It is important for patients to understand that only painstaking and scientific attention will permit a satisfactory restoration. There may be a natural tendency on their part to think that any artificial denture will produce the results seen here. This opinion should be corrected by explaining that such results are obtained only when the dentist knows what is necessary for the individual case, is able to construct in his own mind the picture of the completed case, and knows by what means his results can be achieved.

The reading under the pictures is purposely such as will present correct information in a form which patients can understand. This permits the dentist to hand the illustrations and text to a waiting denture patient with the expectation of thereby extending that patient's knowledge of good denture construction.

The graphic presentation of edentulous conditions and especially the illustrating of the correction of those conditions is very valuable in educating the layman to understand the technical points which might otherwise be anything but clear. A picture will sometimes show more than could be covered in thirty minutes verbal explanation.



FIG. 1. EDENTULOUS FACE—IN REPOSE—FRONT VIEW

If the hand be placed so as to hide this face below the middle of the nose, the upper part of the face gives an impression of intelligence and power.

If the hand be placed so as to hide the face above the middle of the nose, the expression of the lower part of the face is that of old age and approaching infirmity. This results from the falling inward of the lips, following the loss of the teeth and the bones which support the teeth. The nose and chin are very prominent. The ever present wrinkles from the nose to the corners of the mouth are greatly deepened and a new one is developed on each side.

This is perhaps the most pleasing position of the edentulous face. In every other position, it appears far worse than here, as is shown by Figures 3 and 5.



FIG. 2. DENTURE RESTORATION—IN REPOSE—FRONT VIEW

If the hand be so placed as to hide the upper part of the face in this figure, the impression gained from the lower part of the face is quite as vigorous as that gained from the upper part of the face. There is here not the slightest indication of old age or approaching infirmity. It appears like part of the face of a person who habitually does things, and who expects to keep on doing them for many years.

This expression results from the placing of Trubyte dentures, which give to the lower part of the face an expression in keeping with the expression of the upper part, so that the face presents what artists call "an ensemble."

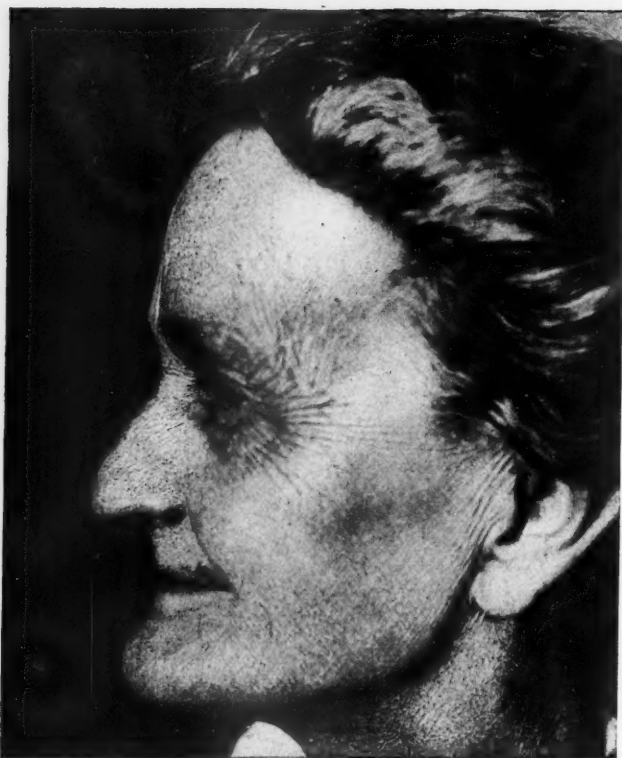


FIG. 3. EDENTULOUS FACE—IN REPOSE—PROFILE

Not all faces show as prominent chin and nose, when the teeth are lost as does this face, because in some the chin and nose are naturally less strong. But practically all faces show a noticeable change because the lips fall in after the teeth are lost, so that the curve of the lips is just the opposite of that present when the teeth are in correct positions.

The shaping of the dentures to so place the lips and cheeks that they will appear well when the face is seen from different positions, demands much previous study by the dentist and the application of time and careful attention to each case, since each person is a law unto himself in the details of expression and in possibilities of expression reconstruction. Hurried and unstudied dentures rarely impart a satisfactory expression to the face.



FIG. 4. DENTURE RESTORATION—IN REPOSE—PROFILE

The restoration shown in Figure 2, is here shown as it appears from the side. This is perhaps a more critical test of a restoration than the view from the front, because just the right slope must be given to the upper lip, and if possible, the edge of the lower lip must be given the little outward turn here shown.

A very important point should receive attention. Many persons desire to have restored the expression which existed before the loss of the teeth. This may be unknown to the dentist and may be poorly shown by photographs. It may not have been at all the expression most suitable to the face.

Greater satisfaction will finally be obtained if the patient and dentist concur in the establishment of an expression suitable to the face, with little or no regard for the past.



FIG. 5. EDENTULOUS FACE—PROFILE VIEW—LAUGHING

This face presents the "vacant laugh of tottering age." If persons who have lost the natural teeth could appreciate that they appear like this when seen from this position, there are few who would not hasten immediately to procure dentures which would lift the hand of time and infirmity from the face.

Such an appearance is entirely unnecessary to any person in even comfortable financial circumstances. It cannot be properly remedied by false teeth offered at very low prices, because the dentist making such plates cannot give to each case the time necessary for getting a pleasing expression. But in view of the results like those in Figure 6, the expenditure for satisfactory service is economical.

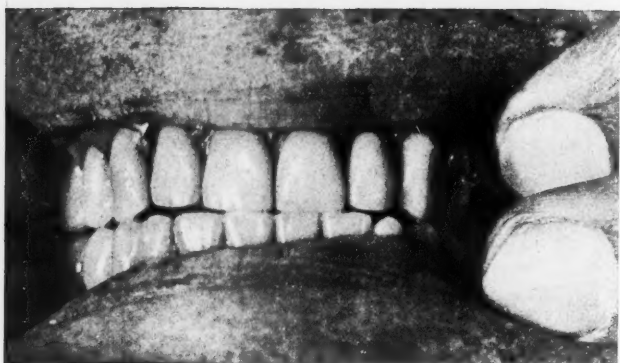


FIG. 6. DENTURE RESTORATION—PROFILE VIEW—SMILING

This face appears at least twenty years younger than that in Figure 5. Yet it is the same face, in the same position, smiling in the same way. The difference lies in the fact that the lips have been placed by the dentures in positions which, in any action of the mouth, produce an expression of the lower part of the face in keeping with the expression of the upper part.

Each face expresses a character. That expression may be destroyed by the loss of the teeth or by improper selection and placing of teeth. Thoughtful dentists seek to determine the character of each face and to harmonize the expression of the mouth with it.

The difference between the face in Figure 5 and here is greater than can be measured in words or shown here. Part of it is in the appearance to others, and the remainder in the consciousness of appearing well.

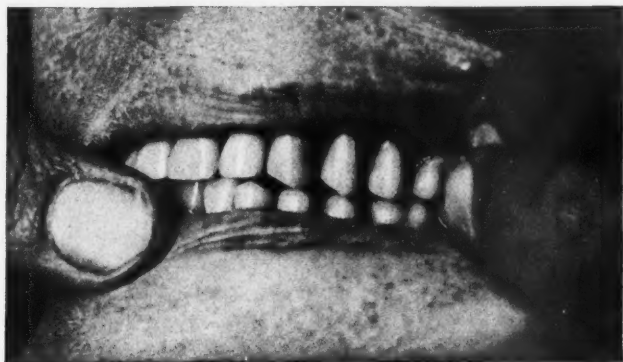
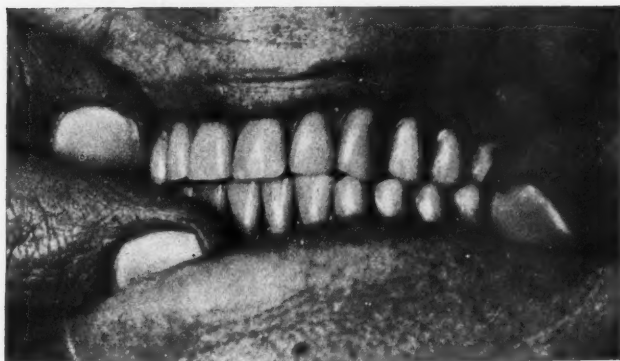


FIGS. 7 AND 8. "CLOSE-UPS" OF THE DENTURES, RESTING AND BITING

These views show the positions of the teeth required to place the lips in proper position for this patient. This part of the problem is individual for each patient, and the next patient might require all of the teeth in different positions.

The beautiful forms of the teeth are shown, and the distribution of light over the surfaces as a result of the enamel markings.

The purpose of the lower picture is to show the relations of the upper and lower teeth at the instant of exerting the maximum force at the end of the act of biting. It will be noticed that the dentures are in contact as far back as they can be seen. This assists greatly in keeping both dentures in position during the act of biting off food.



FIGS. 9 AND 10. "CLOSE-UPS" OF THE DENTURES IN WORKING AND BALANCING

The upper view shows the relations of correctly-formed teeth in the act of grinding food for digestion. It is only of late that teeth permitting such relations have been made, and it requires no small amount of skill on the dentist's part to arrange them. The efficiency of the dentures is dependent upon establishing these relations.

The lower picture shows the relation of the teeth on the left side of the mouth when food is being ground on the right side. This is called by dentists, "the balancing bite." It is necessary if the dentures are to stay in place during the grinding of food. When properly attained it greatly increases the amount of force which can be exercised through the plates. This relation can be properly shown only by stereoscopic photographs.

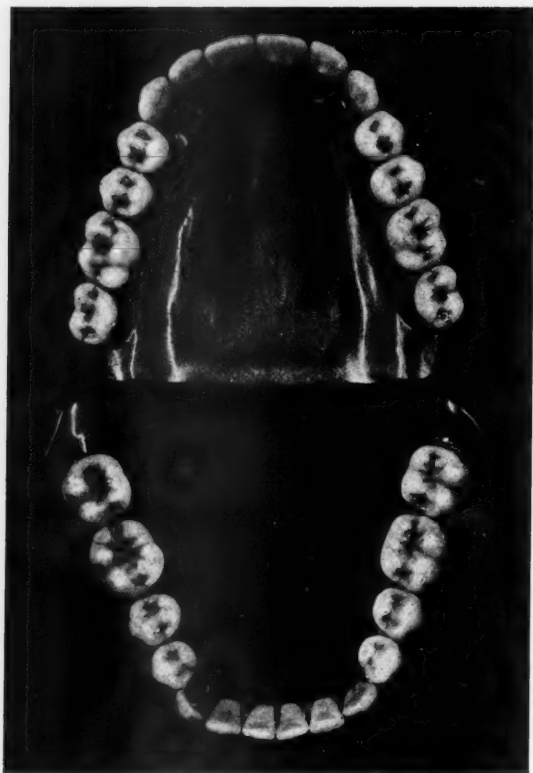


FIG. 11

These are the dentures shown in Figures 2, 4 and 6. It will be noticed that the upper front teeth and the lower front teeth are slightly irregular. The result is finer than that obtainable from monotonous regularity.

The positions of the teeth in what the dentist calls "the arch" is of the greatest importance to keeping the dentures always in place and to their efficiency in mastication. The arches shown here are those which insure to this patient the greatest satisfaction. They may differ for other patients, according to the shapes of mouths, but the principles of their construction will remain the same.

The grinding surfaces of these teeth have been carefully made to permit the greatest degree of comfort and efficiency in eating. A high degree of skill is required to articulate them to achieve the greatest results of which they are capable.

The Proposed Excise Tax on Gold

By Homer C. Brown, D.D.S., Columbus, O.

Chairman Legislative Committee, N. D. A.

Congressman Louis T. McFadden, of Canton, Pa., recently introduced in Congress a Bill known as H. R. 13201, providing for an excise tax of \$10 per ounce on all gold, except that used for monetary purposes and for some limited dental purposes, such as Governmental and free clinic uses, and also for corrective and restorative dental work for children under 15 years.

This legislation is sponsored by the American Mining Congress and is supposed to be approved, if not strongly supported, by the banking interests of the country and also is accredited with having some Governmental support. Its alleged purpose is to stimulate an increased gold production, and there may be some very good arguments for offering some additional incentive to the gold mining industry, in order to produce the required amount of this very important and necessary metal. This tax is to be distributed as a premium or bonus to the producers of new gold on a basis of \$10 for each ounce mined. However, unless all gold used in any way to correct physical defects is exempted from the provisions of this Bill, the destructive results, both from a humanitarian and an economic standpoint, will be so far reaching as to more than counter-balance any constructive benefits wherein economics and the mining industry are only considered.

The teeth rank first and the eyes usually second in any classification of physical defects. The importance and necessity of correcting defective vision has long been recognized, but in only recent years has the importance of neglected mouth conditions, as a positive contributing factor in disease, been generally recognized. As a result many industrial institutions are recognizing the individual unit as an asset and have established both medical and dental clinics in order to conserve health, promote efficiency and increase production. Therefore, if Congress enacts legislation which will in any way tend to restrict the benefits accruing from the correction of such dental and eye defects the far-reaching influence, in the final analysis, will be destructive rather than constructive. The correction of these defects is fundamentally a constructive service and cannot in any sense be considered as a luxury. Thus the best interests of society will be served by recognizing the merit of such an exception, and this will also tend to stimulate an increased interest in health conservation.

Another very objectionable Bill is pending in Congress. This was introduced by Congressman Isaac Bacharach, of Atlantic City, N. J., and provides for a greatly increased duty on surgical and dental in-

struments, and also on artificial teeth. All such added expense becomes a fixed overhead and must naturally be distributed to a long suffering public, whose burdens are already sufficiently oppressive. Therefore, this becomes more than a dental problem, and protests from the public would be voiced if fully advised of the situation.

In view of the foregoing, I urgently request that each reader promptly write his Senators and Congressmen emphasizing the importance of exempting from the provisions of H. R. 13201 all gold used in any way to correct physical defects and also to oppose the increased duty on surgical and dental instruments and artificial teeth. Then discuss this proposed legislation with some of your influential patients and secure their co-operation.

Both these Bills are before the Ways and Means Committee of the House of Representatives, and I append hereto a full list of the personnel of said Committee, as well as of the Finance Committee of the Senate, where these Bills will naturally go if passed by the House. It is especially important that these Committeemen be communicated with and the officers of any Dental organization will be fully justified in promptly speaking for their members, since time is an important factor.

Ways and Means (House)

Joseph W. Fordney, Chairman, Mich.

J. Hampton Moore.....Pa.	Charles P. Timberlake.....Colo.
William R. Green.....Iowa	George M. Bowers.....W. Va.
Nicholas Longworth.....Ohio	Claude Kitchin.....N. Car.
Willis C. Hawley.....Ore.	Henry T. Rainey.....Ill.
Allen T. Treadway.....Mass.	Cordell Hull.....Tenn.
Ira C. Copley.....Ill.	John N. Garner.....Texas
Luther W. Mott.....N. Y.	James W. Collier.....Miss.
George M. Young.....N. Dak.	Clement C. Dickinson.....Mo.
James A. Frear.....Wis.	William A. Oldfield.....Ark.
John Q. Tilson.....Conn.	Charles R. Crisp.....Ga.
Isaac Bacharach.....N. J.	John F. Carew.....N. Y.
Lindley H. Hadley.....Wash.	Whitmell P. Martin.....La.

Finance (Senate)

Boies Penrose, Chairman, Pa.

Porter J. McCumber.....N. Dak.	Howard Sutherland.....W. Va.
Reed Smoot.....Utah	Furnifold H. Simmons...N. Car.
Robert M. LaFollette.....Wis.	John Sharp Williams.....Miss.
William P. Dillingham.....Vt.	Charles S. Thomas.....Colo.
George P. McLean.....Conn.	Thomas P. Gore.....Okla.
Charles Curtis.....Kan.	Andrieus A. Jones....New Mex.
James E. Watson.....Ind.	Peter G. Gerry.....R. I.
William M. Calder.....N. Y.	John F. Nugent.....Idaho

Letter Protesting Gold Tax

The following letter was addressed to the New York Representatives in Congress, protesting the proposed tax on gold used in dentistry. If you have not already done so, it might be advisable to address your Congressman in similar vein. (Editor.)

Mr. Luther W. Mott, Mr. John S. Carew, care of Ways and Means Committee, House of Representatives, Washington, D. C.

Also Hon. William M. Calder, care of Finance Committee, United States Senate, Washington, D. C.

Dear Sirs:

If H. R. 13201 becomes a law in its present form, so that all gold used for dental purposes, except governmental and free clinic purposes and for children under fifteen, is subject to a tax of \$10.00 an ounce, it will work a hardship on the entire community which cannot be compensated for by any profit which may accrue to any one in the production of any form of gold. There are many operations in dentistry for which gold is essential. Some of these have to do with the preservation of the natural teeth in health and efficiency, and others have to do with the replacement of teeth which have been lost, for the purpose of maintaining health and efficiency. These replacements not only take the form of crown and bridge-work, but also the making of partial plates, where crowns and bridges should not be used. Platinum is the only other metal available for some of this work, other than gold, and it is too scarce and high-priced to permit its use in this way by the vast majority of people.

If it were a luxury to have decayed teeth properly repaired, or to have missing teeth properly replaced, the tax would not result in hardship. If the necessity for having natural teeth repaired or lost teeth replaced were confined to the financially well-to-do class, to whom an added charge of a few dollars for each tooth or plate would work no hardship, the tax would be unimportant.

But it is of the first importance to millions of people to whom the present cost of dental service is already serious, who are dependent upon the maintenance of their health, their vigor, or their appearance for the holding of their jobs, because without their jobs they have no means of living. There are many people in this country whose physical safety margin, over the ever present threat of disease, is dependent upon the ability to masticate food properly in order that they may digest it. Upon each of these people this tax will work a hardship.

Because I am a dentist, please do not think that I am writing in behalf of dentists. This tax will not affect dentists. They will neces-

sarily pass it along to their patients, otherwise they would be compelled to refuse this form of dental service, because while, in a comparatively few offices, the fees are high enough to permit dentists to pay the tax, the average fee throughout the country is not large enough to permit the dentist to pay the tax and make a living profit without materially increasing the fee.

May I urge upon you the advisability of exempting from this tax all gold used in any way to correct physical defects? This will, of course, reduce somewhat the income from the tax, but it will avoid a hardship to some millions of people. On the other hand, if it leaves the gold used in luxury subject to the tax, those of us who desire ornaments containing gold should be willing to pay whatever share of the burden belongs to us.

Very truly yours,

GEORGE WOOD CLAPP.

Night Comes Too Soon

So little can be done in one short day:
And yet from sun to sun a prelate dies,
A babe is born, a burning message flies
Around the world, and victors win the fray.
So little can be done—we put away
Reluctantly the book: night's pallor lies
On field and mere, and slumberward each hies:
Asleep, awake, we unknown laws obey.
And we who dream of doing golden deeds
Look forth at sunset, or when midnight moon
Rides high above the roofs: night comes too soon
For all the things which wait, like tiny seeds
The fertile gardens turning, and we see
Lamps lit and bed and long eternity.

—*The Forum.*

Announcement



THE National Dental Golf Association was organized at New Orleans last October, and temporary officers elected.

The first tournament will be held in Boston on the Woodland Golf Course, Monday, August 23rd, 1920, during the meeting of the National Dental Association.

We propose to effect a permanent organization at that time. Officers will be elected, committees appointed, and suitable By-Laws adopted.

It is desired that all members of the National Dental Association, interested in golf, should become affiliated. An effort is being made to supply such persons with application blanks. There is an application blank at the end of Chick Evans' article on "Why professional men should play golf," published in the April issue of the Journal of the National Dental Association. A blank may also be secured from the Secretary-Treasurer.

You should join the Association whether you expect to attend the Boston meeting or not. The admission fee is \$3.00, paid but once, and no other fees will be charged except to those who participate in the tournaments.

The following events have been suggested for the Boston Meeting:

- 36-Hole Medal Play for Association Championship.
- 36-Hole Handicap Medal Play.
- 36-Hole Against Par.
- 36-Hole Handicap Against Par.
- Best Ball Twosome for 36 Holes (Less $\frac{1}{2}$ total Handicap).
- Best Ball Foursome for 36 Holes.
- 18-Hole Handicap Medal Play (morning).
- 18-Hole Handicap Against Par (afternoon).
- Low Net Medal Score for Best 9 Holes (morning).
- Low Medal Score for Best 9 Holes (afternoon).

While it is the intention of the Association to conduct an annual tournament at the time and place of the National Dental Association Meeting, it is not proposed that it shall in any way interfere with the Scientific program.

The following is a tentative draft of By-Laws to be submitted at the meeting for consideration and adoption:

NAME. The name of this association shall be The National Dental Golf Association.

EXECUTIVE: The organization shall be governed by Six Directors, three of whom shall be chosen by the members of the Association at each Annual Meeting. They shall hold office until their successors are elected and qualify. They shall be known as President, Vice-President, and Secretary-Treasurer, respectively, and their duties shall be such as usually pertain to the respective offices. The three last retiring presidents of the Association shall be Directors of the Association.

FUNDS: To provide funds for administration and for advancement on tournament expense, the following dues and fees are required:

1st. An enrollment Fee of \$3.00 for the general funds of the Association, to be paid upon enrollment as a member of the Association. This may be at any time. The payment of this perpetuates the membership. Once a member, always a member.

2nd. A Playing Fee of \$1.00 for the Tournament Fund of the Association. This fee, and all hereafter, are payable at the first tee, and shall be paid only in the event that the member enters the tournament, the idea being that aside from the enrollment fee, all expenses are paid by those who participate in any year.

3rd. The Tournament Fees: There shall be paid then, at the first tee, by all entrants to the tournament, fees as follows:

- (a) The Playing Fee of \$1.00 above mentioned.
- (b) The Enrollment Fee of \$3.00 above mentioned, if not already a member.
- (c) The Greens' Fee, charged by the local club, as arranged for by the local committee.
- (d) The Dinner Fee, as determined by the local committee in charge.

MEMBERSHIP: Any male member of the N. D. A. in good standing, who has the degree of D. D. S., becomes automatically a member of this Association upon acceptance of its By-Laws, and payment of the enrollment fee.

PLAY: No member shall enter play except upon payment of the prescribed fees.

THE TOURNAMENT shall be held either just before, or during, or just after the Annual Meeting of the N. D. A.; the time and place to be determined in advance by the Directors, co-operating with a local committee of their own choosing, provided that the time shall not be in conflict with the Scientific program of the N. D. A.

HANDICAP: Handicaps shall be limited to 18; members playing in any competition must play on their lowest club handicap, and when playing on their own club course shall be penalized two strokes.

THE ANNUAL DINNER AND MEETING shall be held on the evening of the day of the tournament.

ACCOUNTS: No accounts shall be kept with the members. All privileges automatically follow compliance with the provisions of the By-Laws.

AMENDMENTS: These By-Laws may be amended at any Annual Meeting by a three-quarter vote of the members present; or between meeting by a three-quarter vote of the members who register their votes by mail within two weeks after a call therefor is made.

Any further information will be gladly furnished upon request.

RALSTON I. LEWIS, *Secretary-Treasurer*,
25 E. Washington St.,
Chicago, Ill.

F. M. Casto, *Chairman*,
464 Rose Bldg.,
Cleveland, O.

DENTAL LAWS

The Practice of Dentistry

Alphonso Irwin, D.D.S., Camden, N. J.

Commonwealth of Massachusetts, Board of Dental Examiners, Chap. 301, General Acts of 1915, as amended by Chap. 76, General Acts of 1917.

AN ACT

Be it enacted, etc., as follows:

Section 1. There shall be a board of dental examiners consisting of five persons, each of whom shall be a legal resident of this commonwealth, a reputable dentist and a graduate of a reputable dental college, with an actual practice in dentistry in this commonwealth for the ten years next preceding his appointment. Said board shall examine candidates for registration in dentistry. The present members of the board of registration in dentistry shall be members of the said board and shall serve the respective terms for which they were appointed. No member of the board shall be a member of the faculty or a trustee of any institution engaged in educating dentists or having power to grant degrees in dentistry. The governor, with the advice and consent of the council, shall appoint the new members of said board in the following manner: In June in the year nineteen hundred and fifteen, one member for three years and one for four years; in April in the year nineteen hundred and sixteen, one member for four years and one for five years, and annually in April thereafter one member for a term of five years. No member shall serve more than two full terms. Vacancies in the board shall be filled for the unexpired term by the governor, with the advice and consent of the council, may remove from office any member of said board for continual neglect of the duty required by this act or for other misconduct.

Section 2. Said board shall have power to make, and shall publish necessary rules and regulations for the proper conduct of its duties. It shall annually choose one of its members chairman and one secretary, and shall hold at least two regular meetings each year in Boston. Four members of the board shall constitute a quorum for the transaction of business. The board shall keep a full record of its proceedings and a registry of all persons certified as dentists by it, which shall be public records and open to inspection. A transcript of any of the entries in such record, certified by the secretary, shall be competent evidence of the fact therein stated. On or before the first day of January in each

year said board shall render to the governor a full and accurate report of its proceedings, receipts and disbursements during the year immediately preceding.

Section 3. The chairman and secretary of the board of dental examiners shall each receive a salary of four hundred dollars a year, and the other members of the board shall each receive a salary of three hundred dollars a year. Each member of the board shall receive in addition to his regular salary his necessary travelling expenses actually incurred in attending meetings of the board, after he shall have filed an itemized account of said expenses with the auditor of the commonwealth. Said salaries and expenses shall be paid out of the treasury of the commonwealth. The board shall keep a record of all moneys received and expenses incurred by it and a duplicate thereof shall be open to inspection in the office of the auditor of the commonwealth. The fees received for examination before the board shall be paid forthwith by the secretary of the board into the treasury of the commonwealth.

Section 4. The board shall publish every three years complete lists of the names and office addresses of all dentists registered and practising in the state, arranged alphabetically by name and also by the cities and towns in which their offices are situated. The board shall have power to call for and require a registration whenever it deems it necessary or expedient to secure accurate lists of the registered dentists practising in this commonwealth, with their office addresses. Every dentist when he begins practice, either by himself or as an assistant, shall forthwith notify the board of his office address. Every registered dentist shall exhibit his full name in plain readable letters in each office or room in which his business is transacted. Any dentist failing to comply with the requirements of this section may be punished by a fine not exceeding fifty dollars.

Section 5. Any person twenty-one years of age or over and of good moral character, who has received a diploma from the faculty of a reputable dental college as defined in this act, shall, upon fulfillment of the requirements hereinafter specified, be entitled to examination by the board of dental examiners; *provided*, that a person who has spent three years in a reputable dental college as herein defined and has successfully passed all examinations of the first and second years, but has not received a degree, may, at the discretion of the board, be examined. If found competent the applicant shall be registered by said board, and shall receive a certificate of registration signed by the members of the board or a majority of them, which shall be prima facie evidence of the right of the holder to practise dentistry in this commonwealth. In proof of this right the said certificate or a duplicate shall be kept in his office in plain view of his patients and shall be shown to any member or agent of the board on application.

Section 6. A dental college shall be considered reputable which possesses the following qualifications:

First. It shall be incorporated and shall be authorized by its charter to confer degrees of doctor of dental medicine or doctor of dental surgery.

Second. It shall deliver a full course of lectures and instruction by a competent faculty and corps of instructors, the course to consist of not less than three separate academic years of not less than thirty-two weeks, each of six days for each week, and shall require every matriculate to be a graduate of an accredited high school or to present proof of equivalent training.

Section 7. Every applicant for examination shall make an application in writing and present proof of his graduation from a reputable dental college or having passed examinations of the first and second years as hereinbefore provided and pay a fee of twenty dollars, which shall not be returned to him. An applicant who fails in his examination shall be entitled to one re-examination free of charge, but for each subsequent examination he shall pay ten dollars. The examination may be written or oral, or both written and oral, at the option of the board, and shall include the principal subjects taught in reputable dental colleges. Demonstrations in operative and prosthetic dentistry, diagnosis and prognosis shall be required.

Section 8. Said board in its discretion may, without examination, upon the payment of a fee of twenty dollars, register and issue a certificate to a dentist who has been lawfully in practice for at least five years in another state or territory, or in the District of Columbia; or to any dentist registered in another state, territory or District of Columbia, *provided*, that such state, territory or District of Columbia, maintains by law requirements equivalent to those of this act, under which such dentist has been registered; and *provided*, that each applicant presents a certificate of registration from the board of dental examiners or other board where he last practised. Said board may issue a duplicate certificate of registration from the board of dental examiners or other board where he last practised. Said board may issue a duplicate certificate of registration, upon satisfactory evidence that the original certificate has been destroyed, the fee for which shall be five dollars for every such certificate.

Section 9. No person not a registered dentist shall, directly or indirectly, practise dentistry in this commonwealth, except as is provided in this act; but the widow, executor or administrator of a registered dentist who has died, or the wife of one who is incapacitated, may continue his business under a registered dentist. It shall be unlawful for any person to operate any dental office under any name other than the

name of the dentist or dentists actually owning the practice, or a corporate name containing the name of such dentist or dentists.

Section 10. Any person who owns or carries on a dental practice or business, or who by himself, by his servants or agents, or by contract with others, shall perform any operation or make examination, with the intent of performing or causing to be performed, any operation on the human teeth or jaws, or who shall describe himself by the words or letters "dentist," "D.D.S.," or other like words, letters or title in connection with his name, or who shall advertise by sign, card, circular, pamphlet or newspaper or otherwise indicate that he by contract with others, or by himself, his servants or agents will perform any operation or make examination, with the intention of performing or causing to be performed any operation on the human teeth or jaws, shall be deemed to be practising dentistry within the meaning of this act, and, unless duly authorized thereto by a certificate as provided in this act, shall be liable to punishment as herein provided, and whoever in practising dentistry as above defined owns and carries on a dental practice or business, and in such business employs or permits any other person to practise dentistry as above defined unless such other person is duly certified and exhibits his name and certificate as herein provided, or who fails to exhibit his name as required by this act, shall for each offense be liable to punishment as herein provided. The word "person" in this act shall include a corporation; and any corporation violating any provision of this act shall be liable to a fine as herein provided, and the officers of the corporation concerned in such violation shall be liable to fine and imprisonment as herein provided.

Section 11. Any person of good moral character and twenty years of age or over, who is a graduate of a training school for dental-hygienists requiring a course of not less than one academic year and approved by said board, or who is a graduate of a training school for nurses and has received three months' clinical training in dental hygiene in any such training school for dental-hygienists, may, upon the payment of ten dollars, which shall not be returned to him, be examined by said board in the subjects considered essential by it for a dental-hygienist, and, if his examination is satisfactory, shall be registered as a dental-hygienist and given a certificate allowing him to clean teeth under the direction of any registered dentist of this commonwealth, subject to such rules and regulations as may be adopted by said board. An applicant who fails to pass a satisfactory examination shall be entitled to one re-examination at any future meeting of the board, free of charge, but for each subsequent examination he shall pay ten dollars.

Section 12. Nothing in this act shall apply to treatment by a registered physician not practising dentistry as a specialty, in cases where he deems immediate treatment necessary for the relief of his pa-

tients, or prevent a registered dentist of another state or his assistant from operating at a public clinic under the auspices of a duly organized and reputable dental college or association, or prevent a student of a reputable dental college, incorporated under the laws of this commonwealth and granting degrees in dentistry, from performing operations as part of the regular college course. A registered dentist shall have the same right to prescribe or buy drugs or medicine for use in the conduct of his practice as a registered physician of this commonwealth.

Section 13. Whoever falsely asserts that he has a certificate granted by said board, or who, having such certificate, fails to exhibit the same as required by this act, or who falsely and with intent to deceive claims to be a graduate of any college granting degrees in dentistry, or who practises or attempts to practise dentistry or dental-hygiene as defined in section eleven hereof without being registered as herein provided, or any registered dentist or any owners or managers of an incorporated dental company who shall employ an unregistered person as an operator, may be punished for each offence by a fine of not more than two hundred dollars or by imprisonment for three months, or by both such fine and imprisonment.

Section 14. Sections twenty-four to twenty-nine inclusive, of chapter seventy-six of the Revised Laws with the amendment thereof and all other acts and parts of acts inconsistent herewith are hereby repealed. The provisions of this act, so far as they are the same as those of existing laws, shall be construed as a continuation of such laws, and not as new enactments, and the repeal of this act of any provision of law shall not revive any law heretofore repealed or superseded, nor shall it affect any act done, liability incurred, or any right accrued or established, or any suit or prosecution, civil or criminal, pending or to be instituted, to enforce any right or penalty or to punish any offence under the authority of the repealed laws.

Section 15. This act shall take effect upon its passage, except that the educational requirements for candidates shall take effect one year after the date of the passage of this act.



DENTAL ECONOMICS

Selection of Patients

By Harry J. Bosworth, Chicago.

Use the same care in selecting patients, as patients do in selecting dentists.

This practice will keep you out of lots of grief and end up with patients who are in harmony with you and for whom you can do your very best. If you don't do this you will get into your practice many who are not satisfactory patients and these patients keep the more desirable from getting your service. No one has a right to come to you for service without first making preparation for credit, if credit is wanted.

When you make an appointment, give to the patient a card on which the appointed time is indicated and the terms under which it is made. This relieves the patient of the necessity of remembering the appointment. It enables your card to enter the home where others will see it and as the card carries the conditions under which the appointment is made and can be broken, enables you to set up a fee for broken appointments without protest.

MRS.

has an appointment with

DR. JOHN B. SMITH

10 A. M., Saturday, June 12, 1920.

If for any reason you cannot keep this appointment,
a notice of twenty-four hours must be given; otherwise
a charge will be made for the time reserved.

PHONE CENTRAL 3

This can be enclosed in a small envelope and mailed when used for patients who are to come in at definite periods for prophylactic work. Just the moment dentists run their own affairs in their office, just that soon will the conduction of that office become a pleasure. Arrange definite plan of operation and adhere to it for all, then you will be happy in the practice of dentistry. Under the present unusual conditions when all lines of business are changing their plans of conducting their affairs, it is the psychological time for dentists to decide the ideal plan and follow it.

Ethical Parables

Number 1

By George Wood Clapp, D. D. S.

A philosopher once determined to seek a practical application of the term "professional ethics." "I will go among the dentists," said he. "They have talked and written much of it. They should know."

He came first to the office of a dentist who was working in the evening. "I seek the practical meaning of the words 'professional ethics'," said he, "and the manner of its application."

"I can tell you," said the dentist, "for I am strictly ethical. It is to do one's best for one's patients, at fees they can easily pay."

"That is certainly a noble object," said the philosopher, "and I am sure you must be happy in achieving it. Surely your grateful patients must take as great pains to pay as much as they can afford as you take to serve them as well as you can. And, of course, they pay you promptly."

"I have not noticed any eagerness on their part to pay all they can afford," replied the dentist. "Some do not pay promptly and a few for whom I have done my best have never paid. I have to work hard all day and many evenings. Even then I find it difficult to keep my head above the financial waves, and can not give my family many of the comforts to which they are entitled. Luxuries are few at our house. I doubt whether I am nearly as well off financially as the average of those I serve."

"Alas," said the philosopher, "I see that you know neither the definition of ethics nor the manner of its application. You consider only one party to the transaction, the patient, and leave yourself and those dependent upon you to suffer the fruits of your own injustice."

This is the first of a series of twelve parables which are expected to appear in consecutive issues. A copy of any, printed on a card, suitable for wall or reception-room table, may be had free on request to the Dental Digest.

The Dentist at Thirty-five

By George Wood Clapp, D.D.S., New York, N. Y.



IGHT dentists in every ten who live to be thirty-five years of age will live to be fifty-five years old. And those living at the age of fifty-five will average to live to be seventy-two. From the age of thirty-five to the age of fifty-five these dentists should earn more than their expenses. Then, if ever, their earnings must be enough greater than their expenditures to recompense the cost of their education and to provide a surplus of money which will support them after they become unable to earn more than their expenses. With rare exceptions, dentists will have acquired no surplus up to the age of thirty-five, and will be unable to acquire one after fifty-five.

From the age of fifty-five to the age of sixty-five, the average dentist will earn no more than the amount of his necessary expenses. After the age of sixty-five, he will be increasingly dependent upon the surplus accumulated before the age of thirty-five. If he does not have such a surplus, he will be in the position of 97 per cent of the American people, who, after sixty-five, are dependent upon friends or charity for the necessities of life.

It behooves any dentist at the age of thirty-five, however exceptional he may consider himself, to recognize that these figures have been obtained by averaging a great number of lives, and that the percentage of error is very small. As many exceptional lives would probably be included in the number averaged, the dentist's life is very likely before all these years have passed, to conform closely to the average. In any event, he will be safer to plan his conduct on these averages than on any individual conviction of his own superiority to the average.

Unfortunately for us all, we have been such poor business men in the past, that the clearly defined lines which should be available for the guidance of the dentist at thirty-five are not as well established as they should be. But some facts are beginning to be clearly seen. They are fundamental and of the greatest economic importance.

Before outlining these facts, a word of explanation may be advisable. In studying nearly everything connected with the practice of dentistry, it is necessary to set a standard of life and service, and this must be done here. The figures apply with greatest force to the dentist who seeks to live a life well balanced between work and recreation, so that his physical vigor is well maintained; and who seeks to keep sufficiently abreast of the advances of his profession to be able to render a good quality of service—at least in the forms of dentistry he practices. It is by no means certain that they do not apply equally to dentists who work unceasingly, with no attention to recreation, but this application is not so well established.

In the well-balanced life, it is doubtful whether the dentist can average more than two thousand office hours for each of the years between the ages of thirty-five and fifty-five. It is growing increasingly clear that not more than one thousand of these hours, yearly, will be income hours. In offices where careful records have been kept for several years, the average is about nine hundred and fifty income hours per year per dentist.

The dentist, then, at the age of thirty-five years, has for sale one thousand income hours per year for twenty years, twenty thousand income hours in all. From the sale of these hours he must recoup an expense for special education and office equipment of about five thousand dollars; must meet all his living expenses, including the education of any children and any luxuries by which he may be beguiled, and lay aside, in the form of income-producing securities, enough money to support him after the age of sixty-five.

If so heavy a burden is to be borne by a comparatively small number of hours, the business conduct of each hour must receive the most intensive cultivation. It is easy to overlook this because of pressure of other duties, from the natural hesitation which is felt in entering upon an untried field where difficulties lie, or because one has a feeling that all this is unnecessary, and that somehow matters will come out all right. Matters left to conduct themselves do "come out," as our old age pension funds within the profession testify. This attitude is pleasingly referred to by our French friends as "*laissez-faire*," which, in western slang means "let her rip!"

It may be accepted as certain that unless the dentist at thirty-five is willing to enter upon the intelligent and intensive cultivation of his twenty thousand hours, the chances of his acquiring a surplus by the age of fifty-five are very small. The dentist who decides against such cultivation or who omits it without decision, might well follow the example of a southern dentist. Soon after these articles were begun (in 1909) a letter was received, reading about as follows: "I am very glad to get the *DIGEST*. After reading the last number I saw why I had never made any money in dentistry and am not likely to ever make any. I talked to my father. He offered me a job at twenty-five dollars per week. I sold my office and took it. I feel better already."

The plan for cultivation of the income hours is short, simple and difficult to follow. It is no plan for a lazy man or a weakling. It is to carefully record all office expenses, to set a proper remuneration, to add to these at least one thousand dollars per year for the old age surplus; to divide the sum of these items by one thousand; to see that the minimum fees are at least equal to the amount obtained by the division; to collect these fees; to keep a system of books which will show a profit and loss account; to live within the established remuneration; to

unswervingly save the surplus and, avoiding all wild-cat schemes, invest the money in securities approved by a reputable banker.

Not an easy program; not one to be dashed off in a moment of inspiration, but one demanding intelligence, patience and application. Dentistry as a livelihood is a business. If the dentist is to be a business director, a cost and credit man, an operator and a collector, he has no right to expect an easy task. If he operated a store, he would have all these difficulties and many others, and inattention would insure failure.

We, as a profession, have been blissfully unconscious of the necessity of any such program. Some have jeered at it in the past, some ridicule it today. Thousands will pass it by because of its difficulty. One phase of the result of this attitude can be told in a single sentence, as follows:

There are today, in one city of the United States, five hundred dentists old enough to be in good practice, who have proven by their conduct that they are unworthy of financial credit, who are living in straitened circumstances, and who have no hope of a competence in old age.

Good Investments

The following bonds are recommended by bankers for investment. The prices are of April 28th, but they change only slowly.

Name	Price per \$1,000 Bond	Interest Return	Yield An- nually if held to Maturity
Baltimore & Ohio, Convert. 4½, Due 1933.....	\$590	7.50%	10.05%
Hudson & Manhattan, Ref. 5's, Due 1957.....	580	8.50	8.90
St. Louis & San Francisco, Prior Lien 4's, Due 1950	545	7.35	8.10
Chicago, Milwaukee & St. Paul, Conv., Due 1932..	655	6.85	9.15
Allied Packers, 6's, Due 1939.....	720	8.33	9.78

Some of these bonds, notably the St. Louis, San Francisco Prior Lien 4's can be bought in denominations of \$100. The Baltimore and Ohio Conv. 4½'s can be bought in \$500 denomination, and the Hudson & Manhattan Ref. 5's in less than \$1000 sizes. Ask your banker.

The opportunities to buy good bonds for a high yield are very unusual, and probably will not occur again for many years.

PRACTICAL HINTS

This department is in charge of Dr. V. C. Smedley, 604 California Bldg., Denver, Colo. To avoid unnecessary delay, Hints, Questions and Answers should be sent direct to him.

CASTING A RICHMOND, USING STEEL'S FACING.—Grind facing and backing to fit root end in front, sloping up to form a clearance of a thirty-second of an inch in the back. The pin should be about one-sixteenth of an inch longer than canal, serrated on, and beveled from facing on projecting end. Oil end of root, mold inlay wax over same and melt to end of pin. Melt an appropriate amount of inlay wax to backing, oil gingival end of facing and heat same enough to soften inlay wax on root when both are forced to place. The wax on root may be softened with spatula immediately before forcing facing and backing to adjustment. Unite two portions of wax with hot spatula, chill, remove and carve wax, remove facing, invest and cast.—JOSEPH HOMER, D.D.S.

STIFFENING CANAL POINTS.—Gutta Percha canal points may be stiffened to any degree desired, and at the same time rendered sterile, by using tincture of Iodine in glass point container. Flow Iodine over points just enough to color them, but not to cover them. Allow to evaporate. Point in 24 hours will be ready for use. If not stiff enough to suit repeat until point is dark brown. Iodine crystals seem to vulcanize the Gutta Percha and form a coating, rendering the points sterile under almost all conditions.—A. R. M.

A SUGGESTION.—In order to keep the gum from overlapping the root of a tooth, after its preparation for a crown with a post, an ordinary screw of a mandrel covered with gutta percha heated and pushed into place, will remain tight and have the desired effect.—AUSTIN V. HUGHES.

NOTE.—This is a good and useful point, and it will absolutely do the work. I have some little brass wood screws that I bought to use for this purpose.—V. C. S.

REPORT OF NEW LAW.—I have observed and believe this to be the first report of the following law, viz.: That tartar is not deposited on the carious or eroded surfaces of teeth.—JOSEPH HOMER, D.D.S.

Editor Practical Hints:

There is a great deal of contention as to the advisability of open-face gold crowns in practice. Personally in the past six years I have not seen an open-face crown that halfway met the demands of conscientious dentistry. I feel that the open-face crown age is finished for dentistry. What do you think? Experience of other practitioners with open-face gold crowns will be greatly appreciated.—J. JULIAN FISCHMAN.

ANSWER.—Your remarks are well put, and hope will call forth comment by a number of others. My deductions have been much the same as yours. I believe the open-face crown is a delusion and a snare and a harbinger of decay, with no legitimate place in dentistry, unless we except in some instances the lower bicuspid; this owing to their tapering shape and position in the jaw, with frequently only the incisal third of the labial surface showing.—V. C. S.

Editor Practical Hints:

Being one of the younger practitioners, would like to have some information on following case.

Young boy, eleven years of age, presents for treatment, he having full alignment of permanent teeth, except lower second bicuspid, which was yet to be erupted. All teeth were without enamel, except the middle third of lower laterals. Molars were without cusps. The teeth had a close resemblance to pure gold in color. Child was in good health since birth or apparently so. The boy's brother of seven also presents, with temporary teeth in same condition, but permanent were properly developed. Patient is in no pain at present time. What is your treatment or remedy? Would like several opinions.—W. J. WEBER.

ANSWER.—I hope several readers of Practical Hints will volunteer opinions and advise in this case. Personally I think the thing to do with these teeth at this time is to let them strictly alone, except to keep them clean and fill any cavities that may develop for a number of years yet, until after development of roots and contraction of pulps is complete, when it will make a beautiful case for building up with porcelain jacket crowns.—V. C. S.

Editor Practical Hints:

I have a case that puzzles me and would appreciate your opinion. Patient (18) came to me complaining of pain in cuspid region (maxil-

lary). There being no cavity, and since cuspid seemed to be the temporary, I had mouth X-rayed. (Fig. 1.) Pain disappeared after extraction of temporary cuspids. Patient returned some months later complaining about look of tooth. To see if there had been any progress I had it X-rayed again. (Fig. 2.) What would you suggest.—J. M. WISAN, D.D.S.

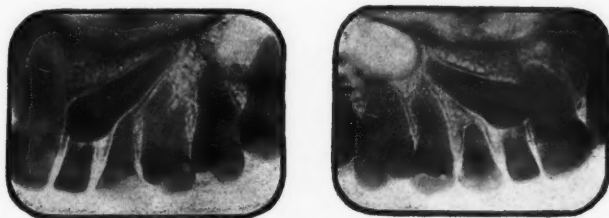


Fig. 1



Fig. 2

ANSWER.—It is my judgment from a study of the X-rays that both permanent impacted cuspids could be drawn into their normal positions by a comparatively simple orthodontic procedure. If you do not care to undertake this work yourself, I would suggest that you refer the case to an orthodontist.

The spaces could be bridged with Roach mesio-distal grip clasps on the laterals, and bucco-lingual contour grip clasps on the bicuspid; but in my judgment an orthodontist should be consulted.—V. C. S.



CORRESPONDENCE

EDITOR *Dental Digest*:

Why all this fuss and fury from the army dentists? If they were the only ones to suffer as a result of the world war our sympathy would be with them heart and soul.

From what I went through in the examination for regular service, I can say that the examination was more severe than any State Board requires.

I have read on several occasions that many of those accepted for the army were fresh from school, also that there was such an urgent need for dentists that many were accepted who were incompetent. It is from these, I fear, that we are hearing most of the noise.

If these fellows passed a regular examination for army service, they ought not to fear any State Board.

For the protection which the state laws are supposed to offer it would be better to drop the matter of eliminating the examinations in these instances and let each man prove to the state in which he desires to practise that Uncle Sam made no mistake in accepting him for the army.

I am heartily in favor of interchange of state licenses, but until provision is made for such let each man face the "firing squad." The public demands the protection of its state laws. While in the army, these men were serving army men and not the public. Now that they are desirous of serving the public they should be required to conform to the laws made for the public's protection.

W. S.

EDITOR *Dental Digest*:

Having read several articles about the Army dentist, especially the article in the April issue, I would like to say a few things myself.

The reason that some find fault, like the writer in the April number is, that they were not *commissioned* and permitted to make the boys toe the mark, but were the "toers" themselves.

The question then arises, Why were these dentists (especially after practising five years) not commissioned? The reason is this: They did not apply for a commission until they saw that they were going to be drafted, and, if there had been no draft, these "loyal" men never would have gone. They all had a chance early in the game, but they "watchfully waited" until the draft caught them, and then—the howl.

The writer in the April number states that he cannot understand why some graduates in June, 1918, were given commissions. The rea-

son is, those given commissions volunteered early in the game, but were permitted to finish school before being called into the Service, instead of waiting until they finished school and then applying or waiting for the draft.

In closing I wish to say that the war is over, and no one person or group of persons, either medical or artillery won it, but it took *all* in their respective places. A Buck was as important as a General and a Dentist as Foch, so please stop kicking and start singing and be glad that you are still alive.

H. E. WEIR.

EDITOR *Dental Digest*:

The letter by Dr. L. F. Gainsway in the April DIGEST with his disgruntled attitude toward the Dental Officers, causes me to take exception to the validity of his criticism. I have practised for eight years, so he doesn't hurt me personally a bit by slamming the late graduates who were commissioned; also I have been married for seven years and entered service voluntarily as the draft would not affect me.

Evidently Dr. Gainsway is one of quite a number of dentists who expected that being a dentist would exempt him from the draft; so when he was drafted, he immediately developed a grouch against his brother dentists who were commissioned.

There are many misstatements in his letter. He says, "The reason so many of the officers of the Dental Corps came out financially embarrassed is because they lived like millionaires in the camp. They would have more clothes, boots, puttees and spurs than half a dozen line officers would need." As a group, the dental officers had about the equipment of the line officers. Also no one lived like a millionaire on \$167.00 a month, the amount a dental lieutenant received—not \$150.00, as stated by Dr. Gainsway. A private received \$30.00 a month, not \$8.20—another misstatement.

Dr. Gainsway said it was tough on a man to have some four or five years' experience and see a recent college graduate made a lieutenant while he was a private; but why didn't these men jump in and get their commissions? They had the same chance.

It is insinuated in his letter that the dental officers had an easy time. "Nine fillings made up a day's work," also, "no treatments."

I do not know where the Doctor was stationed, but I do know that at Camp Dix, a day's work comprised 10 permanent fillings, one root filling and in addition we did whatever came in, such as cleanings, treatments, cement, and made examinations. That is a real day's work, at least we thought it was. There may have been no treatments at Dr. Gainsway's camp, but a reasonable man can understand that the exigencies of war necessitate the extracting of teeth that might in times of

peace be saved. We couldn't very well stop the war in order to treat teeth, so we extracted the teeth and the soldiers then went and stopped the war. Most of the intelligent men in the service appreciated the work the Dental Corps was doing. Very little "bawling out of privates" was done by dental officers, except when it was well deserved. The dental assistants, who were dentists in civilian life, richly deserved "bawling out" at times, because of the sulky and grouchy attitude which they took in reference to their officers. Incidentally, I might say that dental assistants had one of the real snaps in the Army. As a rule they had little or no military drill, no guard to stand, no hiking in all kinds of weather.

Dr. Gainsway insinuates that the dental officers had it soft. In addition to the dental work required, spoken of in a previous paragraph, we had 15 minutes' calisthenics before breakfast, and one hour's infantry drill at the completion of our infirmary work. I am speaking for dental officers, not medical, and I'll say that we were just as correct and snappy in our saluating as officers in any branch of the service, bar none.

As to an enlisted man operating, and its being known to the Lt. Colonel, I know nothing, and having heard stories of the same type, I find it is mostly "Latrine Gossip."

I might say here that the government was extremely liberal in handing out commissions to dentists, and nearly everyone who was anywhere near capable, and made proper application, received what he applied for.

Dental Officers are and were good sports, as all dentists are; and although nearly all of us sacrificed money by entering the service, we are back at the old routine, and with the exception of a few, ask no favors.

Judging from Dr. Gainsway's letter, he was evidently caught in the draft, and should have taken his medicine like a man and not be a cry-baby, picking a flaw (a small one) here and there, and then trying to make a mountain out of it.

S. P. OLIVER.

EDITOR *Dental Digest*:

For the last few months I have seen comment in the DENTAL DIGEST in regard to the ex-service dentist.

I am not an ex-army dentist, although I volunteered my services with the Canadian Army in 1915.

I am in favor of a Federal Examining Board, and that Board to have the power to grant licences to all successful candidates to practise in any state, territory or possession of the U. S., and said Board to have the power to recognize any and all licences previously granted by the

different State Boards, making all reputable dentists eligible to practise in the state that he may wish, but not necessarily just the ex-service dentist.

BERT C. LEE, D.D.S.

EDITOR *Dental Digest*:

Possibly I may be able to give some of your readers a little more light on the origin and treatment of "Vincent's Angina," or "Trench Mouth."

I noticed it six years ago among the Serbians and Austrians employed in the mining town of Kellogg, Idaho; was there three years and probably treated a dozen cases of it, mistaking it in the first case for mucous patches in the throat and back part of mouth. After unsuccessful attempts with iodine, pyorrhea astringent, various mouth washes and consultation with physicians, etc., I resorted to the following treatment: Isolating infected areas with cotton rolls, and on pledget of cotton using C. P. Muriatic acid; would thoroughly cauterize infected parts; would put patient on liquid diet if the case was very severe, and instruct as to use of 50 per cent "Peroxide" as mouth wash several times a day. Usually the mouth had cleared up a great deal in four or five days, then would give thorough prophylactic treatment and, if necessary, cauterize again. The trouble seldom lasted more than ten days after this treatment.

Since the return of our boys from France, I have seen many cases—some of them among girls and women who were not over there—and have treated them practically the same way, with the exception of having them get an atomizer and spray the mouth well three or four times a day with 7 per cent Chromic acid. This shortens the duration of the trouble considerably. One case that had persisted for nearly 18 months was cured completely in two weeks, although the gum and process between the molars had sloughed away to quite an extent.

H. F. KIMBALL.



DIETETICS AND HEALTH

My Quest of the Bran Gems

By Walter S. Kyes, D.D.S., San Diego, Cal.



OR a good many years I had been a constant reader of the *DIGEST*. In the perusal of its pages I had gleaned much knowledge of dentistry as well as other things. I had found that it dealt largely with the facts of human experience, not only in the art and science of dentistry, but in right living as well.

In looking over an old number, I found among other gems, a recipe for bran gems. Now, this was of practical value to me, as I had long sought such a recipe, and greatly had I felt the need of it. In fact I had consulted my physician about certain alimentary troubles, and he, with the wisdom of his tribe, had advised me to take long, meditative walks into the country. If I did not sleep, this physical exercise would make me sleep; and if I did not digest my food properly it would, in some mysterious way, furnish the requisites. He might have added with equal wisdom that if I could not withstand the prevailing temperature, and found myself unable to negotiate certain other elements that one encounters in the great Northwest in winter time, I might, in some wind-swept place, perish by the wayside. Understanding all this I protested.

"But, 'Doc,' " I said, "it's too cold; I'll freeze, and this little burg is not prepared to lose one of its influential citizens; it would never do. Can't you give me a laxative?"

"Laxative, thunder!" he roared, "what you want is exercise, exercise, I say!" And then in a manner in keeping with his profession, he waved me away.

When I read the recipe for bran gems in the *DIGEST*, I was sitting on a steaming radiator in my office. For two days the state in which I then lived had been indulging in one of its inimitable blizzards, and even my robust clientele had wisely decided to remain indoors, leaving me to ponder over the great facts of human existence, and any lesser actualities to which my mind might turn.

My operating room was a wreck. A plutocratic plumber, employed for the purpose of searching out certain frozen joints and split pipes seemed to me to have labored in some sort of a fantastic delirium, so

completely had he demolished all semblance of order. I would have thoroughly enjoyed talking with him in an endeavor to learn just how he happened upon his trade of devastation, but the thought of the bill he would present deterred me from occupying any of his time.

Instead, however, after reading the recipe for the second time I decided forthwith to do some shopping. As a rule I leave this field of endeavor entirely in the hands of a member of my family, who, by long experience, is much better fitted for the work than any dentist I have ever known.

Donning my overcoat and leaving the busy plumber to his own joyous task, I passed out into the blinding storm. Turning the corner I went down Main Street, keeping close to the store fronts. Eventually I was confronted by a snow bank that for rugged grandeur rivalled any mountain that Stewart Edward White ever saw, or that Harold Bell Wright ever tried to describe.

It was a block long and as wide as the street, and its crest was lost in a white, twisting haze that seemed to terminate in the clouds.

I finally made a flank attack and somewhere in the foothills of its fluffy whiteness I paused for breath, realizing that I was far removed from the banana belt.

I was in the snow up to my waist line and down to the bottom of my vest. I pondered and floundered and said things that I am certain the editor of the *Digest* would not print. I sorely felt the need of a rotary plow, as well as that of the steaming radiator that I had so recently left. Finally, emerging, I found travel easier and stopped at a feed store; of course, it was my understanding that a feed store was the place to buy bran. But the feed store man shook his head, said he was sorry and looked me over pityingly.

"You might get it at the grist mill," he suggested.

Undismayed, I again set forth. On a cold day a grist mill is a lonely, cheerless place, filled with dust and noises. I explained to the miller, a whitish looking person with a hacking cough that I wanted fifty cents worth of bran.

He looked at me in a kindly, sympathetic manner and said, "Do you keep a cow?"

"No," I replied.

"Pigs?" he ventured, with a tilt of his eyelid.

"No, no," I replied, "it's for gems, bran gems, you know."

He gave me an odd little grin and disappeared in a maze of belts and pulleys and hoppers.

By-and-by he returned with a sack about as large as a sofa pillow and said, "Ten cents, please."

I also purchased a sack of whole wheat flour, and with a sack under each arm I went forth again into the storm. After a hard struggle I

finally reached my home, and like the delivery man, I entered the back door. Dropping the sacks from my stiffened hands onto the kitchen floor, I proceeded to thaw the frost from my eyelids over the kitchen range.

My wife entered the kitchen, and opening wide her eyes she said, in a not unkindly voice, "What on earth, now?"

"Bran gems my dear, for dinner tonight," I said. "Here is the recipe that I found in the DENTAL DIGEST. They are unreservedly recommended by Dr. George Wood Clapp of New York." She took the recipe, and after reading it laid it on the kitchen cabinet.

I removed my overcoat, and seating myself on the radiator, I entered into a discussion of the climate of California as compared with our own state, and had about decided to locate in San Diego when the maid volunteered that there was no sour milk in the house, but that the recipe said that buttermilk would do. This information rather dashed my hopes for gems for dinner. Of course I might have known that the weather was not productive of sour milk, because ferments are not, as a rule, prolific when the thermometer registers thirty degrees below zero.

Our local manufactory of "Golden and Frozen Products" was located just eight blocks northwest of my home, in the teeth of the storm, so to speak; and it was with misgivings that I set forth on what proved to be a rather perilous and painful expedition.

It is my candid opinion that the fellow who went in search of those historic Golden Apples was surrounded by an atmosphere of comfort and luxury as compared with me, and while I was not called upon to support the world, there were times when I felt as though a considerable portion of it was being flung in my face.

Snow banks innumerable added to the rigor of my way, and occasionally they seemed to stand on end and fall upon me, engulfing me in their fluffy whiteness. The wind screamed in a wild fury, and when I reached the corner of Main and Third Streets I was surprised to note that the Rural National Bank was not in its accustomed place. It occurred to me that perhaps the owners had taken it in out of the storm, but finally a shift in the wind revealed its substantial lines.

Eight blocks are none too far to be removed from a creamery during the hot, fermentative days of summer; but in winter, to the pedestrian in search of the "makins" of bran gems, it is different.

Although not raised in the lap of luxury, that journey satisfied me that I was not physically fitted for pioneering. I was mightily worn out when I reached my destination, and feeling the need of warmth and companionship, I went into the office with the little tin pail on my arm, and said to the manager, "Hello, Bill."

Bill gazed at me in open-eyed wonder for a minute and then said,

"What the — are you doing out in this sort of weather?"

"Bran gems, Bill. I want a pail of buttermilk."

"Buttermilk! Holy smoke, man, do you know that about an inch of your nose is frozen and is as white as a tallow candle?"

"I don't doubt it, Bill," I remarked, rubbing it thoughtfully.

Bill was a kind hearted, sympathetic man, and going out into the storm he soon returned with a snowball about the size of a goose egg, and handing it to me he said, "Here, Doc, stick your nose in this until it thaws out." Being in a submissive mood, I promptly obeyed.

It was rather an odd situation, sitting there by the fire with my nose plunged into a snowball up to my eyes. From time to time Bill would inquire how it felt. Then he discussed briefly the good qualities of bran gems. He was strong for them, saying that he liked them steaming hot, with butter and a dash of New Orleans molasses, which he claimed gave them a touch of Southern romance.

On the way home I stopped at the office to once more view the ruin that the plumber had wrought. I also called up my wife and asked her to check up the recipe with our larder to make sure that there was nothing else missing.

"Bring a quart can of molasses," she said.

Locking up my office, which now resembled the back room of a hardware store, I went down to the street where I consulted the thermometer. It registered twenty below. I was happy to note that it was getting warmer. I felt warmer.

That night at dinner I had an appetite worthy of a lumberjack. I ate bran gems aplenty, finding them all that Bill had claimed for them.

I retired early and slept like the proverbial log, only awakening once when "Buddie" turning over in his sleep, dropped a tiny fist on my frost-bitten nose.

I have not written this because of any subtle urge to improvise near-literature, but rather because I realize that many good things, including the recipe for bran gems, have been published and overlooked or forgotten. My sympathy is stirred when I think of the innumerable headaches that our profession endures, and realizing the inadequacy of the 18th amendment to eliminate them all, I am happy to awaken anew the interest of my profession in bran gems as an article of diet. Like "Bill" I am *strong* for them.

In view of the foregoing, it may be worth while to republish the recipe. The gems may prove useful in cases where the amount of physical exercise is insufficient to produce proper intestinal peristalsis. Recipe is as follows:

Mix together 3 cups of bran, 1½ cups whole wheat flour, 3 level teaspoonfuls soda, 1½ level teaspoonfuls salt; add 1 cup New Orleans molasses, 1½ cups sweet or sour milk (or buttermilk), raisins and nuts to taste. Bake in gem pans—makes 16 gems.

When Dentistry Was a Joke

Dentistry is one of the oldest of the learned professions. Herodotus according to one of our erudite contemporaries, tells us that the ancient Egyptians had special physicians "for the diseases of the teeth," and the Romans seem to have been familiar with what most folk probably regard as essentially modern branches of dental practice. A remarkable passage from the Twelve Tables, or Ancient Laws of Rome, quoted by Cicero, mentions those "who eat with their teeth joined with gold," and Martial darts his shafts of satire at the Roman ladies of fashion who sought to remedy the deficiencies of Nature by what he terms "bought teeth," made of "Indian horn," i. e., ivory.—*British Dental Review*.

EXTRACTIONS

SAY IT WITH ROSES.

Love is a fire-bug. Marriage is Hook and Ladder Company No. 1.

Romance did not really die out of life until the first man put on flannel underwear.

Sign in a San Diego movie house: "Ladies who keep on their hats will please sit on the floor."

There are times when the U. S. appears to be almost normal, and then somebody mentions the peace treaty.

Many a woman who doubts her husband's veracity believes every word in a patent medicine almanac.

(From the notebook of a literary star)—I shall be eighty-seven years old tomorrow, and I have yet to see a decent-looking paper-weight.

Some day the Gideons, who see to it that there is a Bible in each hotel guest room, are going to fix it so that the man who makes the hotel rates has one, too.

A good many of the unknown "relatives" who always appear soon after the death of a rich hermit probably are genuine, and help explain why the hermit became a hermit.

"Ibanez was right!" confided an ex-dough-boy to me, the other day. "There's only one way to handle women. Grab 'em young—treat 'em rough—and tell 'em nothin'—and there you are!"

After all it cannot be denied that fraternal associations are valuable. Here is an example: Red Eye was for years considered a fellow of no account. Many people contemptuously called him "booze" but lately he has been elected into the ancient fraternity of drugs and now they speak of him with respect and call him "medicine" at \$8.00 a pint.

An optimist is a guy that has never had much experience.

(Kind old gentleman)—If I gave you \$200 to buy a dog, what kind of a dog would you buy?

(Small boy)—Gee! if you'd leave it to me, I'd buy two hundred \$1.00 dogs.

As yet we have not read or heard of any dentist answering a hurry-up call to care for a suffering patient in an aeroplane, but we expect it in the near future, if plans mature of several enterprising spirits.

It was pointed out at the breakfast table yesterday that some women have avoided the monotony of soft-boiled egg stains on the tablecloth by marrying gentlemen who are reasonably adroit in the navigation of soft-boiled eggs.

Old Grouch was asked why he went to church, as it was known that he didn't believe in anything or anybody.

"Well," he said, "it just amuses me to watch one man keep a big flock of women quiet for a couple of hours."

Americans Don't Like the Figure 3, apparently. Neither of the two 3-cent pieces of old was ever popular; the 3-cent postage stamp has been twice discarded; the old \$3 bill went into the discard. Nor has the 3d term for a President ever been possible.

An Englishman, a Scotchman and an Irishman were indulging in reminiscences of sporting occasions. "The closest race I ever saw was a yacht race," said the Englishman, "in which one of the boats that had been recently painted won by the breadth of the coat of paint."

"The closest race I ever saw," declared the Scotchman, "was one in which a horse, stung by a bee, won by the height of the swelling on his nose."

"The closest race I ever saw," said the Irishman, "is the Scotch."

Meeting of the National Society of Denture Prosthetists

Harvard University, Dental Department
Boston, Massachusetts, August 19 to 21, 1920

The meeting of this Society, which was organized last year at New Orleans, will prove to be one of the most interesting events of the month, to those dentists who are interested in the establishment of correct denture technic and the application of its principles to other forms of prosthetic service.

The committees which are named below will meet in Boston prior to the 19th of August, for the purpose of correlating the work of individual members during the year, and of preparing a presentation of whatever steps in technic have been agreed upon.

That portion of the meeting in which dentists who are not members of this Society will be most interested, will occur in Boston, at the Dental Department of Harvard University, on the last three days of the week preceding the meeting of the National Dental Association. At this time each of the committees will present a summary of its work during the year, as agreed upon at the special committee meetings, and it is safe to assume that the technic which is adopted as the result of this committee-work will be the best which the present state of knowledge makes possible, and will be worthy of adoption by dentists who are seeking to place denture service on a high plane.

The committees are as follows:

"Mouth Examination and Impression Taking"

Victor H. Sears, Salt Lake City, Chairman

Harry Holiday, 806 Waldheim Bldg., Kansas City, Mo.

E. B. Owen, 333 Frisco Bldg., St. Louis, Mo.

E. E. Bailey, Denver, Colo.

Charles Lane, 1526 Woodward Ave., Detroit, Mich.

Ira G. Nichols, Equity Bldg., Mandan, N. D.

S. H. McAfee, 1225 Maison Blanche, New Orleans, La.

James Allen Graham, 1209 Post St., San Francisco, Calif.

H. C. McCrane, 419 Frances, Sioux City, Iowa.

"Classification of Mouth Tissue Conditions and Treatment Indicated"

George P. Brenner, Milwaukee, Chairman

W. J. Holroyd, Jenkins Bldg., Pittsburgh, Pa.

"Aesthetics and Art"

P. C. Lowery, Detroit, Chairman

V. C. Smedley, 604 California Bldg., Denver, Colo.

Earl Scharff, 1022 E. Change Bldg., Memphis, Tenn.

Norman Essig, 1700 Locust St., Philadelphia, Pa.

D. E. Eaton, 4010 Oak St., Kansas City, Mo.

Kent K. Cross, 330 Majestic Bldg., Denver, Colo.

J. R. Caughron, 434 Liberty Bank Bldg., Oklahoma City.
 Dayton D. Campbell, 729 Shukert Bldg., Kansas City, Mo.
 A. K. Parks, Montgomery, Ala.

"Technique"

I. Lester Furnas, Indianapolis, Chairman
 J. C. Hopping, 908 First Natl. Bank Bldg., Birmingham, Ala.
 John B. LaDue, 163 Broadway, Mattoon, Ill.
 John S. Reece, Bloomington, Ill.
 F. M. James, First Nat'l Bank Bldg., Birmingham, Ala.

"Geometry of Mandibular Movements and Articulators"

Robert R. Gillis, Hammond, Ind., Chairman
 J. Leon Williams, New York City.
 George H. Wilson, Cleveland, Ohio.
 Rupert E. Hall, Chicago, Ill.
 George A. Monson, St. Paul, Minn.
 F. W. Frahm, Los Angeles, Calif.
 Alfred Gysi, Zurich, Switzerland.
 George Wood Clapp, New York City.
 Claud J. Stansbery, Seattle, Wash.
 William A. Giffen, Detroit, Mich.

In addition to the reports of these committees, the following papers will be presented:

"Geometry of Mandibular Movements"

J. LEON WILLIAMS, New York City

"The Anatomy and Physics of Mastication"

GEORGE H. WILSON, Cleveland, Ohio

"The Forms and Functions of the Teeth with Relation to the Plane of Occlusion and Mandibular Movement"

MARTIN H. DEWEY, Chicago

"The Application of Three Simple Laws to the Selection of Artificial Teeth"

GEORGE WOOD CLAPP, New York City

"The Continuous Gum Denture"

DAYTON D. CAMPBELL, Kansas City, Mo.

"Methods Affording Denture Service Immediately Following Extraction"

ROBERT R. GILLIS, Hammond, Ind.

"The Business Side of Prosthodontia"

WILLIAM A. GIFFEN, Detroit, Mich.

"Occlusion"

GEORGE S. MONSON, St. Paul, Minn.

"Modern Methods of Teaching Dental Prosthetics"

I. LESTER FURNAS, Indianapolis

Subject to be announced

H. J. PRENTISS, M.D., Iowa City, Iowa

"Deafness as Influenced by Malposition of the Jaws"

WALTER H. WRIGHT,

Prof. Anatomy and Prosthetic Dentistry, University of Pittsburgh, Pittsburgh, Pa.

"Demonstrating the Approximate Movements of the Mandible and the Planes of the Teeth as the Guides to the Movements and Deep Cusp Efficiency, Showing Case in the Mouth"

RUPERT E. HALL, Chicago

This meeting is open to members of the National Dental Association, and all who are interested in the subject are invited to attend. The meeting is expected to open promptly at nine o'clock on the morning of August 19th. The information to be presented is important to every prosthetic worker in the entire profession. There will be interesting and important clinics by the members of the Society.

National Dental Association

**Program of the Prosthetic Division of the National Dental Association, Boston,
August 24, 25, 26, 1920**

The Program which follows is one of the most comprehensive and interesting that has ever been prepared for a National Meeting, and should attract every dentist who is at all interested in crown and bridge or denture construction. These two sections will certainly be crowded if we may judge from the titles of the papers and clinics and the reputations and known abilities of the several essayists.

Tuesday, August 24, 1920

Prosthetic Division—Crown and Bridge Section

9:30 A. M.

"Crown and Bridge Work from a New Point of View"

FORREST H. ORTON, St. Paul, Minn.

10:00 A. M.

"Color and Characteristics of the Teeth"

WILLIAM D. VEHE, Minneapolis, Minn.

11:00 A. M.

"Modern Technique of Crown and Bridge Work, dwelling especially on Prophylactic Principles"

WILLIAM H. ELLIOT, Detroit, Mich.

Clinics: 2 to 5 P. M.

"Crown and Bridge Work from a New Point of View"

FORREST H. ORTON, St. Paul, Minn.

"Color and Characteristics of the Teeth"

WILLIAM D. VEHE, Minneapolis, Minn.

"Modern Technique of Crown and Bridge Work, dwelling especially on Prophylactic Principles"

WILLIAM H. ELLIOT, Detroit, Mich.

"Bridge Work and Other Appliances in Periodontia Cases"

HOWARD T. STEWART, New York City

THE DENTAL DIGEST

Wednesday, August 25, 1920

Prosthetic Division—Crown and Bridge Section

9:30 A. M.

"The Porcelain Jacket Crown and Its Value in Pulp Conservation"

C. A. NIXON, Valparaiso, Ind.

10:00 A. M.

"Classification of Teeth as a Guiding Factor in the Correct Preparation for Porcelain Jacket Crowns."

HUGH AVARY, San Francisco

10:30 A. M.

"Some New Phases and Developments in Porcelain Jacket Crowns"

N. W. GOODMAN, Los Angeles

11:00 A. M.

"Vital Points in Securing Artistic and Ideal Restoration of Porcelain Jacket Crowns"

GEORGE A. THOMPSON, Chicago

Clinics: 2 to 5 P. M.

"The Porcelain Jacket Crown and its Value in Pulp Conservation"

C. A. NIXON, Valparaiso, Ind.

"Classification of Teeth as a Guiding Factor in the Correct Preparation for Porcelain Jacket Crowns."

HUGH AVARY, San Francisco

"Some New Phases and Developments in Porcelain Jacket Crowns"

N. W. GOODMAN, Los Angeles

"Vital Points in Securing Artistic and Ideal Restoration of Porcelain Jacket Crowns"

Thursday, August 26, 1920

Prosthetic Division—Crown and Bridge Section

9:30 A. M.

"Standardized Technique for Making of Wax Patterns"

T. W. MAVES, Minneapolis, Minn.

10:00 A. M.

Subject to be Announced

K. W. KNAPP, Des Moines, Iowa

10:30 A. M.

"Modern Trend in Bridge Work"

MORTON H. MORTONSON, Milwaukee, Wis.

11:00 A. M.

"A Phase of Crown and Bridge Work"

E. R. HART, St. Louis, Mo.

Clinics: 2 to 5 P. M.

"Standardized Technique for Making Wax Patterns"

T. W. MAVES, Minneapolis, Minn.

"Some Technique Applicable to any System of Bridge Work, Including,

- (a) Impression Taking
- (b) Securing and Handling Occlusion Waxes"

JAMES K. BURGESS, New York City

"Modern Trend in Bridge Work"

JAMES C. and MORTON H. MORTONSON, Milwaukee

"A Phase of Crown and Bridge Work"

E. R. HART, St. Louis, Mo.

Subject to be Announced

K. W. KNAPP, Des Moines, Iowa

Tuesday, August 24, 1920

Prosthetic Division—Denture Section

9:30 A. M.

"Surgical Preparation of the Mouth for Early Denture Restoration"

CARL D. LUCAS, Indianapolis, Ind.

10:15 A. M.

"Some Fundamental Things in the Aesthetics of Dental Prosthesis"

J. LEON WILLIAMS, New York City

11:00 A. M.

"Cast Full Upper Denture with Special Attention Given to Anatomical Form and Physiological Function of the Soft Tissues"

CLAUDE J. STANSBERRY, Seattle, Wash.

Clinics: 2 to 5 P. M.

"Modern Methods of Teaching Dental Prosthetics"

I. LESTER FURNAS, Prof. Prosthetic Dentistry, Indiana Dental College, Indianapolis, Ind.

Subject to be Announced

GEORGE P. BRENNER, Milwaukee, Wis.

"Aesthetic Dentures"

V. C. SMEDLEY, Denver, Colo.

"Partial Dentures"

ROBERT WHITE BLAKE, Indianapolis, Ind.

"Impression Taking of Edentulous Mouths"

IRA G. NICHOLS, Mandan, N. D.

"Surgical Preparation of the Mouth for Early Denture Restoration"

C. D. LUCAS, Indianapolis, Ind.

"Some Fundamental Things in the Aesthetics of Dental Prosthesis"

J. LEON WILLIAMS, New York City

"Cast Full Upper Denture with Special Attention Given to Anatomical Form and Physiological Function of Soft Tissues"

CLAUDE J. STANSBERRY, Seattle, Wash.

"Considering Some of the Detail when Securing the Correct Relation of the Mandible to the Maxilla in Edentulous Cases"

CHARLES LANE, Detroit, Mich.

"Exhibition of Models and Explanation of Difficult Cases"

W. J. HOLROYD, Pittsburgh, Pa.

"The Intelligent Use of Harmony and Disharmony in the Selection of Artificial Teeth"

GEORGE WOOD CLAPP, New York City

"The Continuous Gum Denture"

DAYTON D. CAMPBELL, Kansas City, Mo.

"Important Steps in the Construction of Continuous Gum Dentures"

CLYDE McCLELLAND, Kansas City, Mo.

"Methods Affording Denture Service Immediately Following Extraction"

ROBERT R. GILLIS, Hammond, Ind.

"Occlusion and Articulation"

JOHN B. LaDUE, Mattoon, Ill.

"Practicality as Applied to Full Lower Dentures"

ELBERT B. OWEN, St. Louis, Mo.

Subject to be Announced

JOHN H. HOSPERS, Chicago, Ill.

"Exhibit Illustrating Modern Technic in Construction of Full Upper and Lower Dentures"

ALEX H. PATTERSON, Baltimore, Md.

Wednesday, August 25, 1920

Prosthetic Division—Denture Section

9:30 A. M.

"Need and Means of Educating Laboratory Assistants"

VICTOR H. SEARS, Salt Lake City

10:15 A. M.

"The Colleges' Responsibility in Improving the Practice of Denture Prosthesis"

W. F. LASBY, Prof. of Prosthetic Dentistry University of Minnesota,
St. Paul, Minn.

11:00 A. M.

"Deep Bite (45 degree angle) Teeth Most Efficient for Restoring Edentulous Cases"

RUPERT E. HALL, Chicago, Ill.

Lecture-Clinic: 2 P. M.

"Mandibular Movements and the Forms of Bicuspids and Molars Necessitated Thereby"

DR. ALFRED GYSI, Zurich, Switzerland

Followed by Discussion

Thursday, August 26, 1920

Prosthetic Division—Denture Section

9:30 A. M.

"The Cast Gold Base"

HARRY HOLIDAY, Kansas City, Mo.

10:15 A. M.

"Fundamental Laws Governing the Construction of Partial Dentures and the Discussion of a Technic which will meet the Requirements"

E. E. BAILEY, Denver, Colo.

11:00 A. M.

"Gold Partial Denture Construction and Attachments Best Suited for Various Cases"

J. A. GRAHAM, San Francisco

Clinics: 2 to 5 P. M.

"Device for Remounting and Grinding Artificial Teeth for the Correction of Inaccuracies in Articulation and Occlusion"

A. K. PARKS, Montgomery, Ala.

"Need and Means of Educating Laboratory Assistants"

VICTOR H. SEARS, Salt Lake City

"The Colleges' Responsibility in Improving the Practice of Denture Prosthesis"

W. F. LASBY, Prof. Prosthetic Dentistry, University of Minnesota,
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"Deep Bite (45 degree angle) Teeth Most Efficient for Restoring Edentulous Cases"

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E. E. BAILEY, Denver, Colo.

"Gold Partial Denture Construction and Attachments Best Suited for Various Cases"

J. A. GRAHAM, San Francisco

"Occlusion and Articulation with Deep Cusp Posteriors"

WALTER E. BEYER, Indianapolis, Ind.

"A Scrap Book as an Aid to the Prosthodontist"

HARRY J. HORNER, Pittsburgh, Pa.

"Demonstration of the Monson Spherical Theory of Articulation"

R. R. BLANCHARD, Springfield, Ill.

"Deafness as Influenced by Malposition of the Jaws"

WALTER H. WRIGHT, Prof. Anatomy and Prosthetic Dentistry University of Pittsburgh, Pittsburgh, Pa.



FUTURE EVENTS

THE TENNESSEE BOARD OF DENTAL EXAMINERS will hold their annual meeting for examination of applicants at the Tennessee Dental College, Memphis, Tennessee, beginning June 10, 1920, at 9:00 A. M. Applications must be filed with Secretary five days before Board meeting.

F. W. MEACHAM, *Secretary-Treasurer*,
Hamilton National Bank Bldg., Chattanooga, Tennessee.

THE MASSACHUSETTS BOARD OF DENTAL EXAMINERS will hold an examination for registration June 14 to 18 inclusive. The practical examination will be held at Harvard University Dental Department, Longwood Avenue, Boston, Massachusetts, commencing Monday, June 14th. Applicants must file their applications at least ten days prior to above date. Full information and application blanks may be secured by addressing the Secretary.

JOSEPH N. CARRIERE, D.D.S., *Secretary*,
352 Main Street, Fitchburg, Mass.

The annual meeting of the SOUTH CAROLINA STATE DENTAL ASSOCIATION will be held in Columbia, S. C., at Jefferson Hotel, June 15, 16, 17, 1920.

ERNEST C. DYE, *Secretary*,
Greenville, S. C.

THE DENTAL COMMISSIONERS OF CONNECTICUT, will meet at Hartford, June 17th, 18th and 19th, 1920, to examine applicants for license to practice dentistry, to examine dental hygienists for license to practice, and to transact any other business, proper to come before them. For further information, address

EDWARD EBERLE, *Recorder*,
902 Main St., Hartford, Conn.

THE BOARD OF DENTAL EXAMINERS OF ALABAMA will conduct an examination for certificates to practise dentistry and dental hygiene (for women) at the Birmingham Dental College, Birmingham, Ala., Monday, June 21st, at 9 A. M.

Properly filled application blanks must be in the hands of the Secretary not later than June 7th.

A. K. PARKS, *Secretary-Treasurer*,
412-14 First Natl. Bank Bldg., Montgomery, Ala.

The next meeting of the IDAHO STATE DENTAL ASSOCIATION will be held in Pocatello, June 28th to July 3rd, 1920. The meeting will be conducted on the post-graduate plan. The services of Drs. F. Ewing Roach and Arthur E. Smith, of Chicago, have been secured. Other teachers may be secured.

M. J. GOODE, *Secretary*,
Filer, Idaho.

The twenty-third annual meeting of the SOUTHERN CALIFORNIA DENTAL SOCIETY will be held at the University of Southern California, College of Dentistry, June 28th, 29th, and 30th, 1920.

For further particulars consult

DR. BERT BOYD,
1010 Story Bldg., Los Angeles, California.

The next meeting of THE ARKANSAS STATE BOARD OF DENTAL EXAMINERS will be held at Marion Hotel, Little Rock, Ark., July 5th, 6th and 7th, beginning promptly at 8 o'clock on Monday morning, July 5th, 1920. For further information and application blanks address

DR. H. J. GREEN, *Secretary*,
Paragould, Ark.

The next meeting of the NORTH DAKOTA STATE BOARD OF DENTAL EXAMINERS will be held in Fargo the second Tuesday in July. All applications must be in the hands of the Secretary ten days before examination. For blanks and other information write the Secretary.

W. E. HOCKING, Devils Lake, N. D.

THE MONTANA STATE BOARD OF DENTAL EXAMINERS will hold their regular examinations at Helena, Montana, July 12th, 1920. Applications should be in the hands of the Secretary at least ten days before the examinations.

T. M. HAMPTON, *Secretary*,
Helena, Montana.

Reunion and Convention of the PSI OMEGA FRATERNITY will be held at Cedar Point, Ohio, on Monday, Tuesday and Wednesday, July 12, 13, 14, 1920.

E. L. PETTIBONE, *Chairman Arrangements Committee*,
6501 Detroit Ave., Cleveland, Ohio.

STATE OF IDAHO. The next regular examination for the dentists will take place in the Capitol Building, Boise, Idaho, on July 13th, 1920. The examination will extend over a period of four days. All inquiries should be addressed to the Department of Law Enforcement, Boise, Idaho.

PAUL DAVIS, *Director Bureau of License*.

The 50th annual (Golden Jubilee) meeting of THE WISCONSIN STATE DENTAL SOCIETY will be held at Milwaukee, Wisconsin, July 13, 14 and 15, 1920.

DR. W. F. FAUST, *Secretary*,
No. 308 North Ave., Milwaukee, Wis.

The next examination of THE DELAWARE STATE BOARD OF DENTAL EXAMINERS will be held in Wilmington, Municipal Building, 11th and King Streets, July 14th and 15th, beginning promptly at 9 A. M. All applications must be in the hands of the secretary at least 10 days before the examination. Full information may be received by addressing

WARREN S. P. COMBS, *Secretary*,
Middletown, Delaware.

The Annual Meeting of the NEW JERSEY STATE DENTAL SOCIETY will be a celebration of its 50th Anniversary. It will be held on Young's Million Dollar Pier, Atlantic City, New Jersey, on July 14, 15, 16, 1920. The presence of men of national reputation will make it a memorable gathering.

Dr. W. W. Hodges, Chairman of the Essay Committee, announces that Dr. Edward C. Kirk, of Philadelphia, Dr. Otto U. King, Secretary of the National Dental Association, Dr. John V. Conzett, of Dubuque, Iowa, President of the National Dental Association, Dr. Thomas B. Hartzell, of Minneapolis, and Dr. Wayne Babcock, of Philadelphia, will present able papers.

Dr. Frank L. Manning, Chairman of the Clinic Committee, has arranged for study classes to be conducted by Dr. John V. Conzett on Gold Inlays, Dr. John B. Hartzell on Pyorrhea and Prophylaxis, and Dr. Frederick Ream on the X-Ray. In addition, general clinics will be given by men from the Component Societies, and also by Clinical Clubs.

Dr. Albert Kerr, Chairman of the Exhibit Committee, is planning for the greatest display of dental goods and preparations ever shown at a Dental Convention. This exhibit alone will be worth visiting, and in conjunction with the other features, will make the meeting the best in the history of the Society.

All ethical practitioners are cordially invited to attend.

For a list of hotels or other information, address

F. K. HEAZELTON, *Secretary*,
223 East Hanover Street, Trenton, N. J.

June a Gift

At the devil's booth all things are sold,
Each ounce of dross costs its ounce of gold;
For a cap and bells our lives we pay,
'Tis heaven alone that is given away.
Bubbles we buy with a whole soul's tasking,
'Tis only God may be had for the asking;
No price is set for the lavish summer—
June may be had for the poorest comer.

LOWELL.